# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 19, 2011**
**Secretary of State**

DOCUMENT# L06000087123

**Entity Name:** PORT ST. LUCIE PAIN MANAGEMENT, PLLC

**Current Principal Place of Business:**

8241 SOUTH US1
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

3618 LANTANA ROAD
SUITE 200
LAKE WORTH, FL 33462 US

**New Mailing Address:**

**FEI Number: 20-5665242** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARY W ROBERTS & ASSOC
1675 PALM BEACH LAKES BLVD 7TH FLR
WEST PALM BEACH, FL 33401 US

**Name and Address of New Registered Agent:**

GARY W ROBERTS & ASSOC
324 DATURA STREET, STE 223
WEST PALM BEACH, FL 33401 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: 04/19/2011
Electronic Signature of Registered Agent Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR
Name: ROGERS, ANTHONY G M.D.
Address: 3818 LANTANA ROAD
City-St-Zip: LAKE WORTH, FL 33462 US

I hereby certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statues.

SIGNATURE: AGR MGR 04/19/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date