

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000087123

FILED
Feb 08, 2012
Secretary of State

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:

ROGERS, ANTHONY G
3618 LANTANA RD, STE. 200
LAKE WORTH, FL 33462 US

Name and Address of New Registered Agent:

ROGERS, ANTHONY G MGR
3618 LANTANA RD, STE. 200
LAKE WORTH, FL 33462 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: ANTHONY G ROGERS

02/08/2012

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 Statutes.

SIGNATURE: ANTHONY G ROGERS

MGR

02/08/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date