

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000097492

FILED
Jul 10, 2007
Secretary of State

Entity Name: MANAGING CHRONIC PAIN CLINIC, L.L.C.

Current Principal Place of Business:

4806 SUITE-D MOBILE HWY.
PENSACOLA, FL 32506

New Principal Place of Business:

Current Mailing Address:

4806 SUITE-D MOBILE HWY.
PENSACOLA, FL 32506

New Mailing Address:

FEI Number: 51-0605535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MARTINEZ, ROGELIO T
4806 SUITE-D MOBILE HWY.
PENSACOLA, FL 32506 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MARTINEZ, ROGELIO T
Address: 4806 SUITE-D MOBILE HWY.
City-St-Zip: PENSACOLA, FL 32506

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: DR. ROGELIO T. MARTINEZ, M.D.

MGRM

07/10/2007

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