

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103382

FILED  
Mar 26, 2009  
Secretary of State

Entity Name: FLORIDA PAIN MANAGEMENT SERVICES LLC

**Current Principal Place of Business:**

401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292

**New Principal Place of Business:**

**Current Mailing Address:**

401 COMMERCIAL CT  
SUITE C  
VENICE, FL 34292

**New Mailing Address:**

FEI Number: 56-2621484

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FEINGOLD, DAVID  
FEINGOLD & KAM  
5100 PGA BLVD  
PALM BEACH GARDENS, FL 33418 US

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

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: MGR ( ) Delete  
Name: SLOAN, PAUL  
Address: P.O. BOX 35287  
City-St-Zip: SARASOTA, FL 34242

Title: MGRM ( ) Delete  
Name: JABRA, LLC,  
Address: 4610 HIDDEN RIVER RD  
City-St-Zip: SARASOTA, FL 34240

Title: MGRM ( ) Delete  
Name: ASIA, LLC,  
Address: 401 COMMERCIAL CT SUITE C  
City-St-Zip: SARASOTA, FL 34292

**ADDITIONS/CHANGES:**

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

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

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: PAUL SLOAN

MGR

03/26/2009

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