

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000103382

FILED
Apr 17, 2011
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:

401 COMMERCIAL CT
SUITE D
VENICE, FL 34292

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:

SLOAN, PAUL
401 COMMERCIAL CT
SUITE C
VENICE, FL FL 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
Name: SLOAN, PAUL
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292

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

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

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: PAUL SLOAN

MGR

04/17/2011

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