

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110233

FILED
Apr 19, 2007
Secretary of State

Entity Name: PALM SPRINGS PAIN RELIEF CENTER, L.L.C.

Current Principal Place of Business:

499 EAST CENTRAL PARKWAY
SUITE 115
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

499 EAST CENTRAL PARKWAY
SUITE 115
ALTAMONTE SPRINGS, FL 32701 US

New Mailing Address:

FEI Number: 20-5878726 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HYNOSKI, THOMAS L
810 GLEN ARDEN WAY
ALTAMONTE SPRINGS, FL 32701 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: MGRM () Delete
Name: HYNOSKI, THOMAS L
Address: 810 GLEN ARDEN WAY
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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 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: THOMAS L HYNOSKI MGRM 04/19/2007

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