
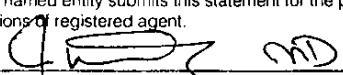
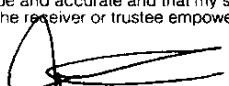


2007

**2008-LIMITED LIABILITY COMPANY
ANNUAL REPORT****FILED**
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90372 034 ***138.75

DOCUMENT # L07000000210			
1. Entity Name PAIN MANAGEMENT INSTITUTE OF ORLANDO LLC			
Principal Place of Business 29 CREEK BLUFF WAY ORMOND BEACH, FL 32174		Mailing Address 29 CREEK BLUFF WAY ORMOND BEACH, FL 32174	
2. Principal Place of Business - No P.O. Box # 1120 East S.R. 436 Suite, Apt. #, etc. 1600		3. Mailing Address 1120 East S.R. 436 Suite, Apt. #, etc. 1600	
City & State Casselberry, FL		City & State Casselberry, FL	
Zip 32707		Country USA	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145		7. Name and Address of New Registered Agent Name Juliet D. Burry, MD Street Address (P.O. Box Number is Not Acceptable) 875 miles Ave. City Winter Park FL Zip Code 32789	
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE  MD 5/19/08 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$138.75 Due by September 12, 2008		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.	
Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BURRY, JULIET D M.D. 29 CREEK BLUFF WAY ORMOND BEACH, FL 32174	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Burry, Juliet D M.D. 1120 East SR 436 Ste 1600 Casselberry, FL 32707
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		5/19/08 407-671-5115	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date Daytime Phone #</small>	

50005917



05192008 Chg-LLC CR2E083 (12/06)

4. FEI Number 22-3950829 **Applied For**
 Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**