2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2009
Secretary of State

DOCUMENT# L07000000210

Entity Name: PAIN MANAGEMENT INSTITUTE OF ORLANDO LLC

Current Principal Place of Business:

1120 E S.R. 436
1600
CASSELBERRY, FL 32707 US

New Principal Place of Business:

Current Mailing Address:

1120 E S.R. 436
1600
CASSELBERRY, FL 32707 US

New Mailing Address:

FEI Number: 22-3950829 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURRY, MD, JULIET D
875 MILES AVE
WINTER PARK, FL 32789 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: BURRY, M.D., JULIET D
Address: 1120 E SR 426 STE 1600
City-St-Zip: CASSELBERRY, FL 32707

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: JULIET D BURRY MGR 01/05/2009

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