

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000000210

**FILED**  
**Jan 08, 2010**  
**Secretary of State**

**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  
**Name:** BURRY, M.D., JULIET D  
**Address:** 1120 E SR 426 STE 1600  
**City-St-Zip:** CASSELBERRY, FL 32707

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: JULIET BURRY

MGR

01/08/2010

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