

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000210

FILED
Mar 15, 2011
Secretary of State

Entity Name: PAIN MANAGEMENT INSTITUTE OF ORLANDO LLC

Current Principal Place of Business:

499 E. CENTRAL PKWY.
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

499 E. CENTRAL PKWY.
ALTAMONTE SPRINGS, FL 32714 US

New Mailing Address:

499 E. CENTRAL PKWY.
ALTAMONTE SPRINGS, FL 32701 US

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:

BURRY, MD, JULIET D
1819 HAMMERLIN AVE
WINTER PARK, FL 32789 US

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: JULIET BURRY

03/15/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: BURRY, M.D., JULIET D
Address: 499 E. CENTRAL PKWY.
City-St-Zip: ALTAMONTE SPRINGS, FL 32701 US

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

03/15/2011

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