

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000000210

**FILED**  
**Feb 28, 2012**  
**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:**

499 E. CENTRAL PKWY.  
SUITE 115  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

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

**New Mailing Address:**

499 E. CENTRAL PKWY.  
SUITE 115  
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  
1819 HAMMERLIN AVE  
WINTER PARK, FL 32789 US

**Name and Address of New Registered Agent:**

BURRY, 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 D BURRY

02/28/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BURRY, 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 D BURRY

MGR

02/28/2012

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