

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000001202

FILED  
Apr 10, 2008  
Secretary of State

**Entity Name:** FLORIDA PAIN CENTER OF NAPLES, LLC

**Current Principal Place of Business:**

730 GOODLETTE ROAD, STE. 200  
NAPLES, FL 34102

**New Principal Place of Business:**

**Current Mailing Address:**

730 GOODLETTE ROAD, STE. 200  
NAPLES, FL 34102

**New Mailing Address:**

**FEI Number:** 20-8198181

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MINCK, LINDA R ESQ.  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES, FL 34108 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: WORDEN, JAMES J  
Address: 730 GOODLETTE ROAD, STE. 200  
City-St-Zip: NAPLES, FL 34102

Title: MGR ( ) Delete  
Name: CAMPOAMOR, JOSE M  
Address: 730 GOODLETTE ROAD, STE. 200  
City-St-Zip: NAPLES, FL 34102

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: JAMES J. WORDEN

DR.

04/10/2008

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