2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 08, 2009
Secretary of State

DOCUMENT# L07000001202

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: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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: JOHN DOE MGRM 04/08/2009

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