

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000005628

FILED  
Jan 05, 2010  
Secretary of State

**Entity Name:** FT. MYERS PAIN MANAGEMENT, PLLC

**Current Principal Place of Business:**

13400 PARKER COMMONS BLVD  
BUILDING NO. 8  
FT. MYERS, FL 33912 US

**New Principal Place of Business:**

**Current Mailing Address:**

3618 LANTANA RD  
SUITE 200  
LAKE WORTH, FL 33462 US

**New Mailing Address:**

**FEI Number:** 20-5725284      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ANTHONY, ROGERS  
3618 LANTANA RD  
SUITE 200  
LAKE WORTH, FL 33462 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: ROGERS, ANTHONY G M.D.  
Address: 3618 LANTANA RD SUITE 200  
City-St-Zip: LAKE WORTH, FL 33462 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: AR \_\_\_\_\_ MGR \_\_\_\_\_ 01/05/2010

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