2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2010
Secretary of State

DOCUMENT# L07000054307

Entity Name: BCMD PAIN MANAGMENT, PLLC

Current Principal Place of Business:

6586 HYPOLUXO RD
STE 334
LAKE WORTH, FL 33437

New Principal Place of Business:

Current Mailing Address:

6586 HYPOLUXO RD
STE 334
LAKE WORTH, FL 33437

New Mailing Address:

FEI Number: 26-1619141 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEPHEN A. CAMERON, P.A.
28 W FLAGLER ST
STE 202
MIAMI, FL 33130 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: MGRM
Name: BLAINE, CAMERON
Address: 6513 MARBLETREE LANE
City-St-Zip: LAKE WORTH, FL 33467

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 Statues.

SIGNATURE: BLAINE CAMERON MGRM 01/13/2010

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