

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000054307

**FILED**  
**Feb 22, 2011**  
**Secretary of State**

**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:**

6586 HYPOLUXO RD  
STE 334  
LAKE WORTH, FL 33467

**Current Mailing Address:**

6586 HYPOLUXO RD  
STE 334  
LAKE WORTH, FL 33437

**New Mailing Address:**

6586 HYPOLUXO RD  
STE 334  
LAKE WORTH, FL 33467

**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: 11860 NW 17TH PL  
City-St-Zip: PLANTATION, FL 33323

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: BLAINE CAMERON

MGRM

02/22/2011

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