

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000070990

FILED
Feb 04, 2008
Secretary of State

Entity Name: FLORIDA URGENT PAIN CENTER LLC

Current Principal Place of Business:

4900 33RD AVE NORTH
ST PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

4900 33RD AVE NORTH
ST PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 75-3246144

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ADAMO, SARA E
1226 LORNEWOOD DR
VALRICO, FL 33594 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: ADAMO, SARA E
Address: 1226 LORNEWOOD DR
City-St-Zip: VALRICO, FL 33595

ADDITIONS/CHANGES:

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: SARA E ADAMO

MGR

02/04/2008

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