

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000079436

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** SOUTHEAST FLORIDA PAIN MANAGEMENT LLC

**Current Principal Place of Business:**

41 E COMMERCIAL BLVD  
FT LAUDERDALE, FL 33334

**New Principal Place of Business:**

**Current Mailing Address:**

41 E COMMERCIAL BLVD  
FT LAUDERDALE, FL 33334

**New Mailing Address:**

**FEI Number:** 22-3967140

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CARPENTER, DAVID M  
41 E COMMERCIAL BLVD  
FT LAUDERDALE, FL 33334 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: CARPENTER, DAVID M SR  
Address: 41 E COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33334

Title: S  
Name: CARPENTER, DAVID M SR  
Address: 41 E COMMERCIAL BLVD  
City-St-Zip: FT LAUDERDALE, FL 33334

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: DAVID CARPENTER

MR

03/30/2010

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