

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087823

FILED
Apr 27, 2008
Secretary of State

Entity Name: PAIN & PHYSICAL MEDICINE CONSULTANTS, LLC

Current Principal Place of Business:

26800 SOUTH TAMiami TRAIL
SUITE 230
BONITA SPRINGS, FL 34134 US

Current Mailing Address:

26800 SOUTH TAMiami TRAIL
SUITE 230
BONITA SPRINGS, FL 34134 US

New Principal Place of Business:

3501 HEALTH CENTER BLVD.
SUITE 1300
BONITA SPRINGS, FL 34135 US

New Mailing Address:

P.O. BOX 368375
BONITA SPRINGS, FL 34136 US

FEI Number: 26-0776978

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

O'LEARY, ROBERT T D.O.
26800 SOUTH TAMiami TRAIL
SUITE 230
BONITA SPRINGS, FL 34134 US

Name and Address of New Registered Agent:

O'LEARY, ROBERT T MGR
3501 HEALTH CENTER BLVD.
SUITE 1300
BONITA SPRINGS, FL 34135 US

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: ROBERT T. O'LEARY

04/27/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: O'LEARY, ROBERT T D.O.
Address: 26800 SOUTH TAMiami TRAIL
City-St-Zip: BONITA SPRINGS, FL 34134 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: O'LEARY, ROBERT T
Address: 3501 HEALTH CENTER BLVD., SUITE 1300
City-St-Zip: BONITA SPRINGS, FL 34135 US

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: ROBERT T. O'LEARY

MGR

04/27/2008

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