

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000087823

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PAIN & PHYSICAL MEDICINE CONSULTANTS, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

3501 HEALTH CENTER BLVD.  
SUITE 2200  
BONITA SPRINGS, FL 34135 US

**Current Mailing Address:**

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

**New Mailing Address:**

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

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

O'LEARY, ROBERT T MGR  
3501 HEALTH CENTER BLVD.  
SUITE 2200  
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: RO

02/07/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** O'LEARY, ROBERT T  
**Address:** 3501 HEALTH CENTER BLVD., SUITE 2200  
**City-St-Zip:** BONITA SPRINGS, FL 34135 US

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: RO

MGR

02/07/2012

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