

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000090141

FILED
Apr 20, 2009
Secretary of State

Entity Name: ORTHOMED PAIN RELIEF CENTERS, LLC

Current Principal Place of Business:

SES PAIN CENTERS 5922 CATTLEMEN LN
SUITE #203
SARASOTA, FL 34232 US

New Principal Place of Business:

Current Mailing Address:

SES PAIN CENTERS 5922 CATTLEMEN LN
SUITE #203
SARASOTA, FL 34232 US

New Mailing Address:

FEI Number: 36-0848710

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HAWKINS, MICHAEL W
330 S. PINEAPPLE AVE. SUITE #106
SARASOTA, FL 34236 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 () Delete
Name: COLE DO, WM J JR
Address: 5922 CATTLEMEN LN., SUITE #203
City-St-Zip: SARASOTA, FL 34232 US

Title: MGRM () Delete
Name: COLE MD, MARIA L
Address: 106 CIPRIANI CT
City-St-Zip: N. VENICE, FL 34275 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: WILLIAM J COLE

MGRM

04/20/2009

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