

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103802

FILED  
Jun 12, 2008  
Secretary of State

**Entity Name:** NOW CARE PAIN MANAGEMENT, L.L.C.

**Current Principal Place of Business:**

1009 W. BAKER STREET  
PLANT CITY, FL 33563 US

**New Principal Place of Business:**

**Current Mailing Address:**

1009 W. BAKER STREET  
PLANT CITY, FL 33563 US

**New Mailing Address:**

15022 EAGLERISE DR  
LITHIA, FL 33547 US

FEI Number: 26-1224300      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

STRAIT, STEPHEN M D.O.  
1009 W. BAKER STREET  
PLANT CITY, FL 33563 US

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

STRAIT, STEPHEN M D.O.  
15022 EAGLERISE DR  
LITHIA, FL 33547 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:

06/12/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: NOW CARE WALK-IN CLI, NIC, INC.  
Address: 1009 W. BAKER STREET  
City-St-Zip: PLANT CITY, FL 33563 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: STRAIT, THERESA A MGR  
Address: 15022 EAGLERISE DR  
City-St-Zip: LITHIA, FL 33547 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: THERESA STRAIT

MGR

06/12/2008

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