

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000103802

FILED
Feb 16, 2009
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:

15022 EAGLERISE DR
LITHIA, FL 33547 US

New Mailing Address:

FEI Number: 26-1224300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STRAIT, STEPHEN M D.O.
15022 EAGLERISE DR
LITHIA, FL 33547 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 () Delete
Name: STRAIT, THERESA A MGR
Address: 15022 EAGLERISE DR
City-St-Zip: LITHIA, FL 33547 US

ADDITIONS/CHANGES:

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: THERESA A STRAIT

MS

02/16/2009

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