2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000109383

Entity Name: GULF COAST PAIN MANAGEMENT PHYSICIANS, LLC

Current Principal Place of Business:

3890 TAMPA ROAD, SUITE 308
PALM HARBOR, FL 34684

New Principal Place of Business:

Current Mailing Address:

3890 TAMPA ROAD, SUITE 308
PALM HARBOR, FL 34684

New Mailing Address:

FEI Number: 26-1434326 **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:

AEBEL, ERIN
SHUMAKER, LOOP & KENDRICK, LLP
101 EAST KENNEDY BLVD., SUITE 2800
TAMPA, FL 33602 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES ( ) Change (X) Addition
Name: COLUMBUS, LYNNE C PRES
Address: 3890 TAMPA RD STE 308`
City-St-Zip: PALM HARBOR, FL 34684

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: LYNNE C COLUMBUS DO PRES 05/01/2008

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