

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000109383

FILED
Apr 08, 2009
Secretary of State

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 ()

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: PRES () Delete
Name: COLUMBUS, LYNNE C PRES
Address: 3890 TAMPA RD STE 308
City-St-Zip: PALM HARBOR, FL 34684

ADDITIONS/CHANGES:

Title: PRES (X) Change () 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

04/08/2009

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