

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000109383

**FILED**  
**Mar 30, 2010**  
**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  
Name: COLUMBUS, LYNNE C PRES  
Address: 3890 TAMPA RD STE 308  
City-St-Zip: PALM HARBOR, FL 34684

I hereby 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

03/30/2010

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