

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000112570

Entity Name: RJ3 SWFL LLC

FILED
Apr 17, 2011
Secretary of State

Current Principal Place of Business:

13100 WESTLINKS TERRACE
SUITE 12
FORT MYERS, FL 33913

New Principal Place of Business:

Current Mailing Address:

13100 WESTLINKS TERRACE
SUITE 12
FORT MYERS, FL 33913

New Mailing Address:

401 COMMERCIAL CT
SUITE C
VENICE, FL 34292

FEI Number: 26-1369780

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SLOAN, PAUL
401 COMMERCIAL CT
SUITE C
VENICE, FL 34292 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
Name: SLOAN, PAUL A
Address: 401 COMMERCIAL CT
City-St-Zip: VENICE, FL 34292

Title: MGRM
Name: FLORIDA PAIN MANAGEMENT SERVICES LLC
Address: 401 COMMERCIAL CT., SUITE C
City-St-Zip: VENICE, FL 34292

Title: MGRM
Name: AKT PARTNERS LLC
Address: 401 COMMERCIAL CT., SUITE C
City-St-Zip: VENICE, FL 34292

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: PAUL SLOAN

MGR

04/17/2011

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