

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000041480

FILED
Apr 14, 2011
Secretary of State

Entity Name: COMPREHENSIVE PAIN MANAGEMENT OF OCALA, LLC

Current Principal Place of Business:

2685 SW 32ND PLACE
SUITE# 500
OCALA, FL 34471

New Principal Place of Business:

Current Mailing Address:

2685 SW 32ND PLACE
SUITE# 500
OCALA, FL 34471

New Mailing Address:

FEI Number: 26-2542531

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ULSETH, ROBERT
2685 SW 32ND PLACE
SUITE# 500
OCALA, FL 34471 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: MGRM
Name: ROBERT, ULSETH
Address: 2685 SW 32ND PLACE, STE 500
City-St-Zip: OCALA, FL 34471

Title: MGRM
Name: CESAR, EURIBE
Address: 2685 SW 32ND PLACE, STE 500
City-St-Zip: OCALA, FL 34471

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: CESAR EURIBE

MGRM

04/14/2011

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