2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 24, 2009
Secretary of State

DOCUMENT# L08000077580

Entity Name: OCALA M S I CENTER FOR PAIN RELIEF, LLC

Current Principal Place of Business:

1808 E. SILVER SPRINGS BLVD
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

2704 N.E. 25TH STREET
OCALA, FL 34470

New Mailing Address:

FEI Number: 26-7295437 **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:

SHEA, DAVID J
2704 N.E. 25TH STREET
OCALA, FL 34470 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 ( ) Delete
Name: SHEA, CONNIE M
Address: 2704 N.E. 25TH STREET
City-St-Zip: OCALA, FL 34470

Title: MGRM ( ) Delete
Name: SHEA, DAVID J
Address: 2704 N.E. 25TH STREET
City-St-Zip: OCALA, FL 34470

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: DAVID SHEA MGRM 06/24/2009

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