

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000077580

**FILED**  
**Jun 07, 2010**  
**Secretary of State**

**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 ( )**

**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:**

SHEA, CONNIE M  
2704 N.E. 25TH STREET  
OCALA, FL 34470 US

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: CONNIE M SHEA

06/07/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SHEA, CONNIE M  
Address: 2704 N.E. 25TH STREET  
City-St-Zip: OCALA, FL 34470

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

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: CONNIE M SHEA

MGR

06/07/2010

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