

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Jan 04, 2011
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, CONNIE M
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
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

MRS

01/04/2011

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