

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088060

**FILED**  
**Feb 03, 2010**  
**Secretary of State**

**Entity Name:** HOLISTIC PAIN MANAGEMENT, LLC

**Current Principal Place of Business:**

4793 SOUTH CITATION DRIVE  
202  
DELRAY BEACH, FL 33445 US

**New Principal Place of Business:**

22865 IRONWEDGE DRIVE  
BOCA RATON, FL 33433 US

**Current Mailing Address:**

4793 SOUTH CITATION DRIVE  
202  
DELRAY BEACH, FL 33445 US

**New Mailing Address:**

22865 IRONWEDGE DRIVE  
BOCA RATON, FL 33433 US

**FEI Number:** 26-3510286

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

UNITED STATES CORPORATION AGENTS, INC.  
320 S. FLAMINGO ROAD  
347  
PEMBROKE PINES, FL 33027 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: BERGER, L. DAVID JR.  
Address: 22865 IRONWEDGE DRIVE  
City-St-Zip: BOCA RATON, FL 33433 US

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: L. DAVID BERGER, JR.

MGMR

02/03/2010

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