# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 06, 2010**
**Secretary of State**

DOCUMENT# L08000088545

**Entity Name:** PAIN MANAGEMENT OF TAMPA, LLC

**Current Principal Place of Business:**

2901 W. BUSCH BLVD.
#807
TAMPA, FL 33618

**New Principal Place of Business:**

**Current Mailing Address:**

2901 W. BUSCH BLVD.
#807
TAMPA, FL 33618

**New Mailing Address:**

**FEI Number: 20-8948126** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

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

STRAUSS, ANDREJS V M.D.
2901 W. BUSCH BLVD.
# 807
TAMPA, FL 33618 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: FETTER, GEORGE
Address: 2901 W. BUSCH BLVD. # 807
City-St-Zip: TAMPA, FL 33618

Title: ADM
Name: FETTER, LINDA
Address: 2901 W. BUSCH BLVD. #807
City-St-Zip: TAMPA, FL 33618

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 Statues.

SIGNATURE: GEORGE FETTER MGR 01/06/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date