

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088545

**FILED**  
**Jan 11, 2011**  
**Secretary of State**

**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 Statutes.

**SIGNATURE:** GEORGE FETTER

MGR

01/11/2011

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