

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000090335

FILED  
Feb 18, 2009  
Secretary of State

Entity Name: COMPLETE PAIN MANAGEMENT, P.L.

## Current Principal Place of Business:

4220 NORTH DAVIS HIGHWAY, SUITE A100  
PENSACOLA, FL 32503

## New Principal Place of Business:

4220 NORTH DAVIS HIGHWAY  
SUITE A100  
PENSACOLA, FL 32503

## Current Mailing Address:

4220 NORTH DAVIS HIGHWAY, SUITE A100  
PENSACOLA, FL 32503

## New Mailing Address:

P.O. BOX 30470  
PENSACOLA, FL 32503

FEI Number: 59-3733745

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MATTHEWS, EDESEL F JR.  
308 SOUTH JEFFERSON STREET  
PENSACOLA, FL 32502 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 ( ) Delete  
Name: COX, JEFFREY M M.D.  
Address: 4220 NORTH DAVIS HIGHWAY, SUITE A100  
City-St-Zip: PENSACOLA, FL 32503

Title: MGRM ( ) Delete  
Name: COX, AMY L.  
Address: 4220 NORTH DAVIS HIGHWAY, SUITE A100  
City-St-Zip: PENSACOLA, FL 32503

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AMY L. COX

MGRM

02/18/2009

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