

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096341

FILED
May 06, 2009
Secretary of State

Entity Name: PAIN MANAGEMENT CENTER OF WEST ORANGE, LLC

Current Principal Place of Business:

6000 METROWEST BLVD
SUITE 101
ORLANDO, FL 32825

New Principal Place of Business:

Current Mailing Address:

6000 METROWEST BLVD
SUITE 101
ORLANDO, FL 32825

New Mailing Address:

C/O HMD 1557 NE 164 ST
SUITE 201
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 26-3523897 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MORRISON, CHRISTOPHER H ESQ
1215 LOUISIANA AVE
WINTER PARK, FL 32789 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: JASSIR, CARLOS MD
Address: 6000 METROWEST BLVD, STE 101
City-St-Zip: ORLANDO, FL 32825 US

ADDITIONS/CHANGES:

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: DAVID HIXSON

CPA

05/06/2009

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