

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000108144

FILED  
Apr 24, 2009  
Secretary of State

Entity Name: SUNLAKE PAIN MANAGEMENT, LLC

## Current Principal Place of Business:

18964 NORTH DALE MABRY HIGHWAY, STE 101  
LUTZ, FL 33548 US

## New Principal Place of Business:

18964 NORTH DALE MABRY HIGHWAY  
SUITE 101  
LUTZ, FL 33548 US

## Current Mailing Address:

18964 NORTH DALE MABRY HIGHWAY, STE 101  
LUTZ, FL 33548 US

## New Mailing Address:

18964 NORTH DALE MABRY HIGHWAY  
SUITE 101  
LUTZ, FL 33548 US

FEI Number: 26-3749820

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

MUSCA, DANIEL G ESQ.  
12004 RACE TRACK ROAD  
C/O TAMPA LAW SOURCE, P.A.  
TAMPA, FL 33626 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 ( ) Delete  
Name: ABREU, ALFONSO  
Address: 18964 NORTH DALE MABRY HIGHWAY, STE 101  
City-St-Zip: LUTZ, FL 33548 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: ALFONSO M. ABREU

MGR

04/24/2009

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