2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2010
Secretary of State

DOCUMENT# L08000108144

Entity Name: SUNLAKE PAIN MANAGEMENT, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 26-3749820 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

LOGRONO, LUIS M.D.
18964 NORTH DALE MABRY HIGHWAY
SUITE 101
LUTZ, FL 33548 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: PRES
Name: LOGRONO, LUIS A MD
Address: 18964 NORTH DALE MABRY HIGHWAY SUITE 101
City-St-Zip: LUTZ, FL 33548 US

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: LUIS A LOGRONO PRES 02/16/2010

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