

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115194

FILED
Apr 18, 2012
Secretary of State

Entity Name: PAIN CARE MANAGEMENT, LLC

Current Principal Place of Business:

2454 BAESEL VIEW DRIVE
ORLANDO, FL 32835

New Principal Place of Business:

713 DUFF DR
ORLANDO, FL 34787

Current Mailing Address:

2454 BAESEL VIEW DRIVE
ORLANDO, FL 32835

New Mailing Address:

5036 DR PHILLIPS BLVD
337
ORLANDO, FL 32819

FEI Number: 26-3902591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LONG, CONNIE R
2454 BAESEL VIEW DRIVE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

LONG, CONNIE R
713 DUFF DR
ORLANDO, FL 34787 US

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:

04/18/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: LONG, CONNIE R
Address: 5036 DR PHILLIPS BLVD
City-St-Zip: ORLANDO, FL 32819 US

Title: MGRM
Name: LONG, ANNA B
Address: 5036 DR PHILLIPS BLVD
City-St-Zip: ORLANDO, FL 32819 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 Statutes.

SIGNATURE: CONNIE R LONG

MGRM

04/18/2012

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