

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115227

FILED  
Apr 23, 2012  
Secretary of State

**Entity Name:** PAIN CARE MANAGEMENT OF ORLANDO, LLC

**Current Principal Place of Business:**

2454 BAESEL VIEW DRIVE  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

1201 WINTER GARDEN VINELAND ROAD  
4B  
WINTER GARDEN, FL 34787 US

**Current Mailing Address:**

2454 BAESEL VIEW DRIVE  
ORLANDO, FL 32835 US

**New Mailing Address:**

5036 DR PHILLIPS BLVD  
337  
ORLANDO, FL 32819 US

FEI Number: 26-3903630

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: \_\_\_\_\_

04/23/2012

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

MGMR

04/23/2012

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