

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000115271

FILED  
Apr 23, 2011  
Secretary of State

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

**Current Principal Place of Business:**

2454 BAESEL VIEW DRIVE  
ORLANDO, FL 32835 US

**New Principal Place of Business:**

**Current Mailing Address:**

2454 BAESEL VIEW DRIVE  
ORLANDO, FL 32835 US

**New Mailing Address:**

FEI Number: 26-3902823

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:**

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  
Name: LONG, CONNIE R  
Address: 2454 BAESEL VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32835 US

Title: MGRM  
Name: LONG, ANNA B  
Address: 2454 BAESEL VIEW DRIVE  
City-St-Zip: ORLANDO, FL 32835 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

MGM

04/23/2011

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