

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000012156

FILED  
Apr 29, 2010  
Secretary of State

Entity Name: BB&H PAIN MANAGEMENT, LLC

**Current Principal Place of Business:**

7401 N UNIVERSITY DR, STE 206  
TAMARAC, FL 33321

**New Principal Place of Business:**

**Current Mailing Address:**

196 NW 69TH TERRACE  
MARGATE, FL 33063

**New Mailing Address:**

FEI Number: 26-4197647

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

GANNON, HELEN J  
196 NW 69TH TERRACE  
MARGATE, FL 33063 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  
Name: GANNON, HELEN J  
Address: 196 NW 69TH TERRACE  
City-St-Zip: MARGATE, FL 33063

Title: MGR  
Name: GANNON, WILLIAM M  
Address: 196 NW 69TH TERRACE  
City-St-Zip: MARGATE, FL 33063

Title: MGRM  
Name: GANNON, WILLIAM K  
Address: 196 NW 69TH TERRACE  
City-St-Zip: MARGATE, FL 33063

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: HELEN J GANNON

MNG

04/29/2010

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