

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000020817

FILED
Sep 17, 2010
Secretary of State

Entity Name: ARTHRITIS PAIN SOLUTIONS, LLC

Current Principal Place of Business:

1614 15TH AVE E
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1614 15TH AVE E
TAMPA, FL 33605

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PIERCE, TRICHINA
6403 N 45TH ST.
TAMPA, FL 33610 US

Name and Address of New Registered Agent:

MCCULLOUGH, RONNIE SR
6403 N 45TH ST.
TAMPA, FL 33610 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: RONNIE MCCULLOUGH SR

09/17/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MCCULLOUGH, RONNIE SR
Address: 1614 15TH AVE E
City-St-Zip: TAMPA, FL 33605

Title: VP
Name: PIERCE, TRICHINA H
Address: 6403 N.45TH STREET
City-St-Zip: TAMPA, FL 33610

Title: SECT
Name: MCCULLOUGH, DELBRA T
Address: 6403 N 45TH STREET
City-St-Zip: TAMPA, FL 33610

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: RONNIE MCCULLOUGH SR.

CEO

09/17/2010

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