

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000025810

FILED
Jan 28, 2010
Secretary of State

Entity Name: LEE MEDICAL & PAIN RELIEF CENTER, LLC

Current Principal Place of Business:

3940 METRO PARK
103
FORT MYERS, FL 33916 US

New Principal Place of Business:

Current Mailing Address:

3940 METRO PARK
103
FORT MYERS, FL 33916 US

New Mailing Address:

FEI Number: 26-4467925

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SAMALIAZAD, SSMAEEL
3940 METRO PARK
103
FORT MYERS, FL 33916 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: PASCAL, JEAN MGR
Address: 3940 METRO PARK STE 103
City-St-Zip: FORT MYERS, FL 33916 US

Title: MGRM
Name: EDOUARD, FRITZ MGRM
Address: 3940 METRO PARK STE 103
City-St-Zip: FORT MYERS, FL 33916 US

Title: MGR
Name: SAMALIAZAD, ESMAEEL
Address: 3940 METRO PARK STE 103
City-St-Zip: FORT MYERS, FL 33916 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: ESMAEEL SAMALIAZAD

MGR

01/28/2010

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