

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000038123

**FILED**  
**Feb 08, 2012**  
**Secretary of State**

**Entity Name:** THE PAIN FREE CLINIC & MORE LLC

**Current Principal Place of Business:**

1207 EAST VINE STREET  
KISSIMMEE, FL 34744

**New Principal Place of Business:**

**Current Mailing Address:**

17230 CYPRESS PRESERVE PKWY  
ORLANDO, FL 32820

**New Mailing Address:**

**FEI Number:** 26-4835132

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RICHARD FRANZBLAU LLC  
12301 LAKE UNDERHILL ROAD  
SUITE 217  
ORLANDO, FL 32828 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:** BORGES, IBEM  
**Address:** 17230 CYPRESS PRESERVE PKWY  
**City-St-Zip:** ORLANDO, FL 32820

**Title:** MGRM  
**Name:** BORGES, IBEM  
**Address:** 17230 CYPRESS PRESERVE PARKWAY  
**City-St-Zip:** ORLANDO, FL 32820

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:** IBEM BORGES

MGRM

02/08/2012

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