2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2010
Secretary of State

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Entity Name: BAY AREA PAIN AND WELLNESS CENTER, LLC

Current Principal Place of Business:

3637 CENTRAL AVE. IGHWAY
ST. PETERSBURG, FL 337138434 US

New Principal Place of Business:

3637 CENTRAL AVE.
ST. PETERSBURG, FL 337138434 US

Current Mailing Address:

3637 CENTRAL AVE. IGHWAY
ST. PETERSBURG, FL 337138434 US

New Mailing Address:

FEI Number: 26-4815642 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FREIFELD, GLORIA
324 N DALE MABRY HWY., STE 303
TAMPA, FL 33609 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: MCINTIRE, DANIEL
Address: 324 N DALE MABRY HIGHWAY
City-St-Zip: TAMPA, FL 33609 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 Statues.

SIGNATURE: DANIEL MCINTIRE MGRM 03/11/2010

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