

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052059

**FILED**  
**Mar 22, 2010**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA PAIN RELIEF & DETOX CENTER "LLC"

**Current Principal Place of Business:**

4699 N ST.RD. 7  
STE E  
TAMARAC, FL 33319 US

**New Principal Place of Business:**

**Current Mailing Address:**

4699 N ST.RD. 7  
STE E  
TAMARAC, FL 33319 US

**New Mailing Address:**

**FEI Number:** 27-1425990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

MOON, DONALD JR  
4699 N ST.RD. 7  
STE E  
TAMARAC, FL 33319 US

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

LAING, MARLON L  
4699 N ST.RD. 7  
STE E  
TAMARAC, FL 33319 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:** MARLON L LAING

03/22/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** MOON, DONALD W  
**Address:** 1210 N 74 TERRACE  
**City-St-Zip:** HOLLYWOOD, FL 33024 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:** DONALD W MOON

MANG

03/22/2010

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