

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000052195

**FILED**  
**Jan 10, 2011**  
**Secretary of State**

**Entity Name:** PAIN HEALING CENTER, LLC

**Current Principal Place of Business:**

120 S MOON AVE  
BRANDON, FL 33511

**New Principal Place of Business:**

132 S MOON AVE  
BRANDON, FL 33511

**Current Mailing Address:**

235 W BRANDON BLVD  
239  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:** 27-0291328      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BENNI, ABD ALRAHMAN  
120 S MOON AVE  
BRANDON, FL 33511      US

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

BENNI, ABD ALRAHMAN  
132 S MOON AVE  
BRANDON, FL 33511      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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/10/2011

Date

**MANAGING MEMBERS/MANAGERS:**

Title: P  
Name: BENNI, ABD ALRAHMAN  
Address: 235 W BRANDON BLVD, SUITE 239  
City-St-Zip: BRANDON, FL 33511

Title: MGRM  
Name: BENNI, ZEINA A  
Address: 235 W BRANDON BLVD, SUITE 239  
City-St-Zip: BRANDON, FL 33511

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: ABD ALRAHMAN BENNI

P

01/10/2011

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