2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

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Entity Name: LASER PAIN CENTER OF DELTONA, LLC

Current Principal Place of Business:

1260 EAST NORMANDY BLVD.
DELTONA, FL 32725 US

New Principal Place of Business:

Current Mailing Address:

1115 OAK SPRINGS PLACE
LAKE MARY, FL 32746 US

New Mailing Address:

FEI Number: 27-0623340 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DELTONA CHIRO & ADV PAIN MGMT CENTER, LLC
1115 OAK SPRINGS PLACE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

CHAULK, DR. RANDY L
1115 OAK SPRINGS PLACE
LAKE MARY, FL 32746 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: DR. R. L. CHAULK 04/26/2010
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CHAULK, DR. RANDY L
Address: 1115 OAK SPRINGS PLACE
City-St-Zip: LAKE MARY, FL 32746 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: DR. R. L. CHAULK MGRM 04/26/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date