

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000072157

FILED
Apr 11, 2011
Secretary of State

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:

CHAULK, DR. RANDY L
1115 OAK SPRINGS PLACE
LAKE MARY, FL 32746 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: 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 Statutes.

SIGNATURE: DR. RANDY L. CHAULK

MGRM

04/11/2011

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