

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080618

FILED
Feb 22, 2010
Secretary of State

Entity Name: APOPKA PAIN MANAGEMENT CLINIC, LLC

Current Principal Place of Business:

3060 EAST SEMORAN BLVD
SUITE P112
APOPKA, FL 32703 US

New Principal Place of Business:

1706 E. SEMORAN BLVD
SUITE 105
APOPKA, FL 32703 US

Current Mailing Address:

PO BOX 152
KILLARNEY, FL 34740 US

New Mailing Address:

1706 E. SEMORAN BLVD
SUITE 105
APOPKA, FL 32703 US

FEI Number: 27-1027217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GUNNELL, ROBIN E DC
17544 KILLARNEY COVE
KILLARNEY, FL 34740 US

Name and Address of New Registered Agent:

GUNNELL, ROBIN E DC
1706 E. SEMORAN BLVD
105
APOPKA, FL 32703 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:

02/22/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MAHONEY, TERENCE R MD
Address: 605 VIA CHRIS COURT
City-St-Zip: DEBARRY, FL 32713 US

Title: MGRM
Name: GUNNELL, ROBIN E DC
Address: 17544 KILLARNEY COVE
City-St-Zip: KILLARNEY, FL 34740 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: ROBIN E. GUNNELL

MGRM

02/22/2010

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