

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080618

FILED
Feb 22, 2011
Secretary of State

Entity Name: APOPKA PAIN MANAGEMENT CLINIC, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 27-1027217

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GUNNELL, PEGGY S
1707 E. SEMORAN BLVD
SUITE 105
APOPKA, FL 32703 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: MAHONEY, TERENCE R MD
Address: 605 VIA CHRIS COURT
City-St-Zip: DEBARRY, FL 32713 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: TERENCE R. MAHONEY

MGRM

02/22/2011

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