

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000088038

**FILED**  
**May 04, 2010**  
**Secretary of State**

**Entity Name:** ST. PETE PAIN CLINIC, LLC

**Current Principal Place of Business:**

MEDICAL OFFICE BLDG, #320  
1099 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33705 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 76525  
ST. PETERSBURG, FL 33734 US

**New Mailing Address:**

MEDICAL OFFICE BLDG, #320  
1099 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33705 US

**FEI Number:** 27-0914391      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BURNS, JENNIFER  
MEDICAL OFFICE BLDG, #320  
1099 5TH AVENUE NORTH  
ST. PETERSBURG, FL 33705 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: BURNS, JENNIFER  
Address: 1099 5TH AVENUE N #320  
City-St-Zip: ST. PETERSBURG, FL 33705 FL

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: JENNIFER BURNS

MD

05/04/2010

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