

# **2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L09000106988

**FILED**  
**Aug 05, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA PAIN MANAGEMENT CENTERS, LLC

**Current Principal Place of Business:**

2808 ENTERPRISE ROAD  
SUITE 105  
DEBARY, FL 32713 US

**New Principal Place of Business:**

2955 ENTERPRISE ROAD  
SUITE B  
DEBARY, FL 32713 US

**Current Mailing Address:**

2808 ENTERPRISE ROAD  
SUITE 105  
DEBARY, FL 32713 US

**New Mailing Address:**

2955 ENTERPRISE ROAD  
SUITE B  
DEBARY, FL 32713 US

**FEI Number:** 27-1375039

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FLICK, JAMES J  
3700 SOUTH CONWAY ROAD  
SUITE 100  
ORLANDO, FL 32812 US

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

OSADZINSKA, KASIA  
2955 ENTERPRISE ROAD  
SUITE B  
DEBARY, FL 32713 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: KASIA OSADZINSKA

08/05/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: OSADZINSKA, KASIA  
Address: 29558 ENTERPRISE ROAD, SUITE B  
City-St-Zip: DEBARY, 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: BARRY K. SMITH

MGR

08/05/2010

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