

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000106988

FILED
Apr 19, 2011
Secretary of State

Entity Name: CENTRAL FLORIDA PAIN MANAGEMENT CENTERS, LLC

Current Principal Place of Business:

2955 ENTERPRISE ROAD
SUITE B
DEBARY, FL 32713 US

New Principal Place of Business:

Current Mailing Address:

2955 ENTERPRISE ROAD
SUITE B
DEBARY, FL 32713 US

New Mailing Address:

FEI Number: 27-1375039

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

MMB

04/19/2011

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