

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000108001

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

**Entity Name:** APOPKA PAIN CENTER LLC

**Current Principal Place of Business:**

216 S APOPKA AVE, STE C  
INVERNESS, FL 34452

**New Principal Place of Business:**

**Current Mailing Address:**

216 S APOPKA AVE, STE C  
INVERNESS, FL 34452

**New Mailing Address:**

**FEI Number:** 27-1287938

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

FELICE, CHARMAINE  
4401 S FLORIDA AVE  
BUILDING E  
INVERNESS, FL 34450 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: FELICE, CHARMAINE  
Address: 4401 S FLORIDA AVE BUILDING E  
City-St-Zip: INVERNESS, FL 34450

Title: MGM  
Name: FERNANDEZ, BETTY  
Address: 2227 MONROE ST APT 2  
City-St-Zip: HOLLYWOOD, FL 33020

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: CHARMAINE C FELICE

MGRM

04/05/2010

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