

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000108974

FILED
Apr 24, 2010
Secretary of State

Entity Name: COMPASSION CARE FOR PAIN AND INJURY, L.L.C.

Current Principal Place of Business:

1405 TAMPA PARK PLAZA
TAMPA, FL 33605

New Principal Place of Business:

Current Mailing Address:

1405 TAMPA PARK PLAZA
TAMPA, FL 33605

New Mailing Address:

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LEGRANDE, SYDEL MD
8606 POINSETTIA DR
TAMPA, FL 33637 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: LEGRANDE, SYDEL MD
Address: 8606 POINSETTIA DR
City-St-Zip: TAMPA, FL 33637

Title: MGR
Name: LEGRANDE, GEORGE
Address: 8608 POINSETTIA DR
City-St-Zip: TAMPA, FL 33637

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: SYDEL LEGRANDE, M.D.

MGR

04/24/2010

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