

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000110016

**FILED**  
**Mar 15, 2010**  
**Secretary of State**

**Entity Name:** FLORIDA COASTAL PAIN CLINICS LLC

**Current Principal Place of Business:**

485 12TH STREET SE  
VERO BEACH, FL 32962

**New Principal Place of Business:**

1870 FOREST HILL BLVD  
103  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

485 12TH STREET SE  
VERO BEACH, FL 32962

**New Mailing Address:**

1870 FOREST HILL BLVD  
103  
WEST PALM BEACH, FL 33406

**FEI Number:** 27-1316717

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

HOOKER, MICHAEL S  
485 12TH STREET SE  
VERO BEACH, FL 32962 US

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

ZIMMERMAN, OSCAR  
10453 TIVOLI LAKES BLVD  
BOYNTON BEACH, FL 33437 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: OSCAR ZIMMERMAN

03/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DUTTON, PAUL E JR  
Address: 146 HIGHLAND PARK DRIVE  
City-St-Zip: WEST PALM BEACH, FL 33415

Title: MGR  
Name: ZIMMERMAN, OSCAR  
Address: 10453 TIVOLI LAKES BLVD  
City-St-Zip: BOYNTON BEACH, FL 33437

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: OSCAR ZIMMERMAN

MGR

03/15/2010

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