

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000000084

**FILED**  
**Mar 17, 2010**  
**Secretary of State**

**Entity Name:** PAIN MANAGEMENT & RELIEF, LLC

**Current Principal Place of Business:**

7819 N. DALE MABRY HWY  
206  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

7819 N. DALE MABRY HWY  
206  
TAMPA, FL 33614

**New Mailing Address:**

**FEI Number:** 27-1584540

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DIAZ, YSMARAY  
7819 N. DALE MABRY HWY  
206  
TAMPA, FL 33614 US

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

ALFONSO-IGLESIA, NERBER  
7819 N. DALE MABRY HWY  
206  
TAMPA, FL 33614 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: NERBER ALFONSO-IGLESIA

03/17/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RODRIGUEZ, GREGORY  
Address: 7819 N. DALE MABRY HWY STE 206  
City-St-Zip: TAMPA, FL 33614

Title: MGR  
Name: ALFONSO-IGLESIA, NERBER  
Address: 7819 N. DALE MABRY HWY STE 206  
City-St-Zip: TAMPA, FL 33614

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: GREGORY RODRIGUEZ

MGRM

03/17/2010

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