

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000000084

FILED
Apr 26, 2012
Secretary of State

Entity Name: PAIN MANAGEMENT & RELIEF, LLC

Current Principal Place of Business:

7819 N. DALE MABRY HWY, STE 206
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

7819 N. DALE MABRY HWY, STE 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:

LUGO, GISELLE
7819 N. DALE MABRY HWY, STE 206
TAMPA, FL 33614 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: LUGO, GISELLE
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: GISELLE LUGO

MGRM

04/26/2012

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