

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 15, 2011
Secretary of State

Entity Name: GULF SHORE PAIN & WELLNESS CENTRE, LLC

Current Principal Place of Business:

4700 N. HABANA AVENUE #403
TAMPA, FL 33614

New Principal Place of Business:

4700 N. HABANA AVENUE
#4023
TAMPA, FL 33614

Current Mailing Address:

4700 N. HABANA AVENUE #403
TAMPA, FL 33614

New Mailing Address:

4700 N. HABANA AVENUE
#403
TAMPA, FL 33614

FEI Number: 27-1891197

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: TURNER, FRED M.D.
Address: 4700 N. HABANA AVENUE #403
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: FRED TURNER MD

PRES

03/15/2011

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