2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 01, 2012
Secretary of State

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Entity Name: GULFSHORE PAIN & WELLNESS CENTRE, LLC

Current Principal Place of Business:

4700 N. HABANA AVENUE
#4023
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4700 N. HABANA AVENUE
#403
TAMPA, FL 33614

New Mailing Address:

FEI Number: 27-1891197 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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:

TURNER, FRED D
4700 N. HABANA AVE
SUITE 403
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: FRED TURNER MD 03/01/2012

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 Statues.

SIGNATURE: FRED TURNER MD PRES 03/01/2012

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