

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000047015

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

**Entity Name:** SUN COAST PAIN MANAGEMENT, LLC

**Current Principal Place of Business:**

870 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

**New Principal Place of Business:**

**Current Mailing Address:**

870 DUNLAWTON AVENUE  
PORT ORANGE, FL 32127

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BRATU, CATALIN  
6064 SABAL CREEK BOULEVARD  
PORT ORANGE, FL 32128 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: RCN, LLC  
Address: 6220 LAKE BURDEN VIEW DRIVE  
City-St-Zip: WINDERMERE, FL 34786

Title: MGRM  
Name: ATLANTIC COAST, LLC  
Address: 870 DUNLAWTON AVENUE  
City-St-Zip: PORT ORANGE, FL 32127

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: SOHAIL KAKEZAI

MGRM

04/29/2011

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