

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000049196

FILED
Mar 14, 2011
Secretary of State

Entity Name: RIGHT PATH PAIN AND SPINE CENTER, PLLC

Current Principal Place of Business:

700 S. HARBOUR ISLAND BLVD.
UNIT 203
TAMPA, FL 33602

New Principal Place of Business:

141 WEBB DRIVE
SUITE 200
DAVENPORT, FL 33837 US

Current Mailing Address:

700 S. HARBOUR ISLAND BLVD.
UNIT 203
TAMPA, FL 33602

New Mailing Address:

141 WEBB DRIVE
SUITE 200
DAVENPORT, FL 33837 US

FEI Number: 27-2794335

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

PORTER, TOM M MD
700 S. HARBOUR ISLAND BLVD.
UNIT 203
TAMPA, FL 33062 US

Name and Address of New Registered Agent:

PORTER, TOM M MD
141 WEBB DRIVE
SUITE 200
DAVENPORT, FL 33837 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:

03/14/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: PORTER, TOM M MD
Address: 141 WEBB DRIVE, SUITE 200
City-St-Zip: DAVENPORT, FL 33837 US

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: TOM M. PORTER, M.D.

MGRM

03/14/2011

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