2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2011
Secretary of State

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Entity Name: CAPITAL CITY PAIN MANAGEMENT, L.C.

Current Principal Place of Business:

2868 MAHAN DRIVE
SUITE 5
TALLAHASSEE, FLORIDA, 32308 US

New Principal Place of Business:

2868 MAHAN DRIVE
SUITE 5
TALLAHASSEE, FL 32308 US

Current Mailing Address:

2868 MAHAN DRIVE
SUITE 5
TALLAHASSEE, FL 32308

New Mailing Address:

2868 MAHAN DRIVE
SUITE 5
TALLAHASSEE, FL 32308 US

FEI Number: 27-2466240 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MADIGAN LAW FIRM, P.L.
215 EAST THARPE STREET
TALLAHASSEE, FL 32303 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: JONES, ROLAND P M.D.
Address: 2868 MAHAN DRIVE, SUITE 5
City-St-Zip: TALLAHASSEE, FL 32308 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 Statues.

SIGNATURE: ROLAND JONES MGRM 04/27/2011

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