

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000055862

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

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

**Current Principal Place of Business:**

2868 MAHAN DRIVE  
SUITE 5  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

2868 MAHAN DRIVE  
SUITE 5  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**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 Statutes.

SIGNATURE: ROLAND P JONES

MGRM

01/04/2012

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