

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000016169

Entity Name: BUSCH PAIN CLINIC LLC

FILED
Feb 27, 2012
Secretary of State

Current Principal Place of Business:

10220 N. 30TH ST. AND 10224 N. 30TH ST.
TAMPA, FL 33612 US

New Principal Place of Business:

10220 N. 30TH ST.
B
TAMPA, FL 33612 US

Current Mailing Address:

5416 VILLAGE LN
LAND O LAKES, FL 34638 US

New Mailing Address:

FEI Number: 32-0332064 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FORD, ALBERT E
5416 VILLAGE LN
LAND O LAKES, FL 34638 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: PRES
Name: FORD, ALBERT E
Address: 5416 VILLAGE LANE
City-St-Zip: LAND O'LAKES, FL 34638 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: ALBERT E. FORD D.O. PRES 02/27/2012

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