

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000095930

Entity Name: CENTRAL PAIN CLINIC , LLC

FILED
Apr 01, 2012
Secretary of State

Current Principal Place of Business:

10441 QUALITY DRIVE
SUITE 206
SPRING HILL, FL 34609

New Principal Place of Business:

700 SE 5TH TERRACE
SUITE 2
CRYSTAL RIVER, FL 34429

Current Mailing Address:

10441 QUALITY DRIVE
SUITE 206
SPRING HILL, FL 34609

New Mailing Address:

700 SE 5TH TERRACE
SUITE 2
CRYSTAL RIVER, FL 34429

FEI Number: 45-3073461

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VEREL, DENNIS
842 STATE ROAD 60 EAST
LAKE WALES, FL 33853 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: VEREL, DENNIS
Address: 842 SR 60 EAST
City-St-Zip: LAKE WALES, FL 33853

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: DENNIS VEREL

MM

04/01/2012

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