

**LI7000028247**

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

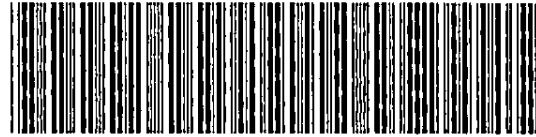
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2017 AUG - 3 AM 11:31

N. CAUSSEAU

AUG - 8 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pain Medicine Docs LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Charles Friedman

Name of Person

Pain Medicine Docs

Firm/Company

PO Box 7048

Address

Seminole FL 33775

City/State and Zip Code

klango@prcfloida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karen Longo

Name of Person

at ( 727 ) 287-0650

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2017

CHARLES FRIEDMAN  
PAIN MEDICINE DOCS  
P.O. BOX 7048  
SEMINOLE, FL 33775

SUBJECT: PAIN MEDICINE DOCS, L.L.C.  
Ref. Number: L17000028247

We have received your document for PAIN MEDICINE DOCS, L.L.C. and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Nanette Causseaux  
Regulatory Specialist II Supervisor

Letter Number: 217A00012119

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: Pain Medicine Docs LLC

2. (a) \_\_\_\_\_ (b) \_\_\_\_\_  
Principal office address of limited liability company: Mailing address of limited liability company:  
(Note: **MUST BE STREET ADDRESS**) (Note: **MAY BE POST OFFICE BOX**)

8839 Bryan Dairy Rd #215  
Largo FL 33777

PO Box 7048  
Seminole FL 33775

L17000028247

3. \_\_\_\_\_ Date of filing/registration in Florida 4. \_\_\_\_\_ Document number

5. (a) Alan S Gassman Esquire  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (MUST BE FLORIDA STREET ADDRESS)

1245 Court St Suite 102  
Clearwater FL 33756

(b) Alan S Gassman  
Enter name of NEW Registered Agent and/or NEW Registered Office address:

Charles K Friedman DO  
NEW Registered Office Address:

8839 Bryan Dairy Rd #215  
Largo FL 33777

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
2011 AUG -3 AM 11:31

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]  
Signature of a member or authorized representative of a member

Charles K. Friedman  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

[Signature]  
Signature of Registered Agent