# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**
**Mar 10, 2005 8:00 am**
**Secretary of State**
02-09-2005 90154 037 ****50.00

DOCUMENT # L99000000753

1. Entity Name

ALAN M. GORDON, P.L.

| Principal Place of Business | Mailing Address |
|---|---|
| 1997 SPOONBILL ST<br>JACKSONVILLE FL 32224 | 1997 SPOONBILL ST<br>JACKSONVILLE FL 32224 |

30001173

1st MOORE CR2E083 (10/04)

| 2. Principal Place of Business | 3. Mailing Address |
|---|---|
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |
| City & State | City & State |
| Zip / Country | Zip / Country |

4. FEI Number ☐ Applied For ☑ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

| 6. Name and Address of Current Registered Agent | 7. Name and Address of New Registered Agent |
|---|---|
| GORDON, ALAN M ~~ESQ~~<br>1997 SPOONBILL ST<br>JACKSONVILLE FL 32224 | Name: ALAN M. GORDON<br>Street Address (P.O. Box Number is Not Acceptable)<br>City **FL** Zip Code |

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Alan M. Gordon 1/20/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

**FILE NOW!!! FEE IS $50.00**
**Make Check Payable to Florida Department of State**
**Due By May 1, 2005**

| 9. MANAGING MEMBERS / MANAGERS | | | 10. ADDITIONS / CHANGES | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | MGRM<br>GORDON, ALAN M ~~ESQ~~<br>1997 SPOONBILL ST<br>JACKSONVILLE FL 32224 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | ALAN M. GORDON | ☑ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | | ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | | ☐ Addition |
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| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | | | ☐ Addition |

The Pain Care Center
CHANGE ONLY:
Please remove
"ESQ" from Reg. Agent
field and Members field.
Thanks; Alan Gordon
1/05.

NORTH SHORE Medical Center
Tenet South Florida
1100 N.W. 95th Street
Miami, Fl 33150
(305) 694-3775

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:** Alan M. Gordon 1/20/05 (904) 4724808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #