

P01000000384

TRANSMITTAL LETTER

TO: Amendment Section  
Division of Corporations

SUBJECT: Trillium Pain Management Centers, Inc.  
(Name of corporation)

DOCUMENT NUMBER: P01000000384

The enclosed Statement of Change of Registered Office/Agent and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Serena Vestinos, Director of Legal and Contract Services

(Name of person)

Bredel Corporation

(Name of firm/company)

2637 McCormick Drive

(Address)

Clearwater, FL 33759

(City/state and zip code)

For further information concerning this matter, please call:

Serena Vestinos

(Name of person)

at ( 727 ) 669-4522, ext. 1133

(Area code & daytime telephone number)

Enclosed is a \$35.00 check made payable to the Department of State.

**Mailing Address:**

Amendment Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Amendment Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

FILED  
02 OCT -8 PM 10:23  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED  
AGENT OR BOTH FOR CORPORATIONS**

*Pursuant to the provisions of sections 607.0502, 617.0502, 607.1508, or 617.1508, Florida Statutes,  
this statement of change is submitted for a corporation organized under the laws of the State of  
Florida \_\_\_\_\_ in order to change its registered office or registered agent, or both, in the State  
of Florida.*

1. The name of the corporation: Trillium Pain Management Centers, Inc.
2. The principal office address: 1300 N. Westshore Blvd., Suite 100, Tampa, FL 33759
3. The mailing address (if different): Same
4. Date of incorporation/qualification: 1/02/2001 Document number: P01000000384
5. The name and street address of the current registered agent and registered office on file with the  
Florida Department of State:  
Marcy J. Thurman  
2637 McCormick Drive  
Clearwater, FL 33759
6. The name and street address of the new registered agent (if changed) and /or registered office (if  
changed):  
The Law Offices of Christopher P. Calkin, P.A.  
Westshore Center, 1715 N. Westshore Blvd., Suite 918  
(P.O. Box or personal mailbox NOT acceptable)  
Tampa, FL 33607

The street address of its registered office and the street address of the business office of its registered  
agent, as changed will be identical.

Such change was authorized by resolution duly adopted by its board of directors or by an officer so  
authorized by the board, or the corporation has been notified in writing of the change.

Bobby L. Coates  
(Signature of an officer, chairman or vice chairman of the board)

Bobby L. Coates, President & CEO  
(Printed or typed name and title)

*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 obligation of my position as  
registered agent. Or, if this document is being filed merely to reflect a change in the registered  
office address, I hereby confirm that the corporation has been notified in writing of this change.*

[Signature]  
(Signature of Registered Agent)

10/2/02  
(Date)

If signing on behalf of an entity:

Christopher P. Calkin  
(Typed or Printed Name)

owner  
(Capacity)

\*\*\* FILING FEE: \$35.00 \*\*\*

MAKE CHECKS PAYABLE TO FLORIDA DEPARTMENT OF STATE AND MAIL TO:  
DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314

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