2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2016
Secretary of State
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Entity Name: PAIN & PHYSICAL MEDICINE CONSULTANTS, LLC

Current Principal Place of Business:

10601 GLEN LAKES DR
BONITA SPRINGS, FL 34135

Current Mailing Address:

P.O. BOX 368375
BONITA SPRINGS, FL 34136 US

FEI Number: 26-0776978

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'LEARY, ROBERT TMGR
10601 GLEN LAKES DR
BONITA SPRINGS, FL 34135 US

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

Authorized Person(s) Detail :

Title	MGR
Name	O'LEARY, ROBERT T
Address	10601 GLEN LAKES DR
City-State-Zip:	BONITA SPRINGS FL 34135

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT O'LEARY MGR 01/22/2016

Electronic Signature of Signing Authorized Person(s) Detail — Date