

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088545

Entity Name: PAIN MANAGEMENT OF TAMPA, LLC

Current Principal Place of Business:

2901 W. BUSCH BLVD.
#807
TAMPA, FL 33618

Current Mailing Address:

2901 W. BUSCH BLVD.
#807
TAMPA, FL 33618

FEI Number: 20-8948126

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STRAUSS, ANDREJS VM.D.
2901 W. BUSCH BLVD.
807
TAMPA, FL 33618 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 FETTER, GEORGE
Address 2901 W. BUSCH BLVD. # 807
City-State-Zip: TAMPA FL 33618

Title ADM
Name FETTER, LINDA
Address 2901 W. BUSCH BLVD. #807
City-State-Zip: TAMPA FL 33618

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: GEORGE FETTER

OFFICE MANAGER

02/03/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date