

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000059614

**FILED**  
**Apr 15, 2013**  
**Secretary of State**  
**CC5983692878**

**Entity Name:** INTERVENTIONAL THERAPEUTICS INSTITUTE, LLC

**Current Principal Place of Business:**

5102 N. DAVIS HIGHWAY  
PENSACOLA, FL 32503

**Current Mailing Address:**

PO BOX 816  
PANAMA CITY, FL 32402

**FEI Number: 83-0432335**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

MADEWELL, MICHAEL  
1800 JENKS AVENUE  
PANAMA CITY, FL 32405 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 MGRM  
Name MADEWELL, MICHAEL P  
Address 8115 BRANDON ROAD  
City-State-Zip: PANAMA CITY FL 32404

Title MGRM  
Name INTERVENTIONAL THERAPEUTICS,  
INC.  
Address 5102 N. DAVIS HWY  
City-State-Zip: PENSACOLA FL 32503

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL MADEWELL**

**MANAGING PARTNER**

**04/15/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date