

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000019989

Entity Name: SOUTH FLORIDA PAIN MANAGEMENT, LLC

Current Principal Place of Business:

900 S.E. OCEAN BLVD.
SUITE 227, BLDG. C
STUART, FL 34994

Current Mailing Address:

900 S.E. OCEAN BLVD.
SUITE 227, BLDG. C
STUART, FL 34994 US

FEI Number: 46-2174723

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 E. PARK AVE.
TALLAHASSEE, FL 32301 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 ZOTOVAS, ANDREA
Address 420 SUNSET WAY
City-State-Zip: JUNO BEACH FL 33408

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: ANDREA ZOTOVAS

MANAGER

03/15/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date