#### 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000178064

Entity Name: BPPAIN, LLC

# Current Principal Place of Business:

600 CLEVELAND STREET 710 CLEARWATER, 33755

## **Current Mailing Address:**

600 CLEVELAND STREET 710 CLEARWATER, 33755 AF

## FEI Number: APPLIED FOR

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

MEINCK, BRADLEY 600 CLEVELAND STREET SUITE 710 CLEARWATER, FL 33755 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                     | BRADLEY MEINCK   |                 |                     | 08/25/2014 |
|-------------------------------|--|-----------------|---------------------|------------|
|                               | Electronic Signature of Registered Agent                               |                 |                     | Date       |
| Authorized Person(s) Detail : |  |                 |                     |            |
| Title                         | MGRM   | Title           | MGRM                |            |
|                               | PANAGAKOS FAMILY LIMITED<br>LIABILITY COMPANY<br>3530 SHORELINE CIRCLE | Name            | SPINEPAIN ASC, LLC  |            |
|                               |  | Address         | P.O. BOX 2376       |            |
|                               |  | Citv-State-Zip: | CLEARWATER FL 33757 |            |
| City-State-Zip:               | PALM HARBOR FL 34684   |                 |                     |            |

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.

MGR

## SIGNATURE: BRADLEY MEINCK

Electronic Signature of Signing Authorized Person(s) Detail

Certificate of Status Desired: No

08/25/2014

Date