9/30/2002-90172-013-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000005395

1. Entity Name
NORTH EAST PAIN MANAGEMENT LLC

FILED
2002 OCT 22 AM 11:30
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
12399 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161	12399 WEST DIXIE HIGHWAY NORTH MIAMI FL 33161

2. Principal Place of Business	3. Mailing Address
725 N.E 128th st.	725 N.E 128th st.
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: N. Miami, FL	City & State: N. Miami, FL
Zip: 33161 Country: Dade	Zip: 33161 Country: Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number: 52-2310973 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
TONG, PETER
12399 WEST DIXIE HWY
NORTH MIAMI FL 33161

7. Name and Address of New Registered Agent
Name: Peter Tong
Street Address (P.O. Box Number is Not Acceptable): 725 N.E 128th st
City: N. Miami FL Zip Code: 33161

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: [signature]
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)
DATE: 9/20/02

FILE NOW!!!/FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mgr Peter Tong 650 West Ave. #3008 Miami Beach, FL 33139 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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CR2E083 (4/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.

SIGNATURE: SIGNATURE REQUIRED [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date: 8/1/02

Daytime Phone #