2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2012
Secretary of State

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Entity Name: SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC

Current Principal Place of Business:

4473 NORTH STATE ROAD 7
LAUDERDALE LAKES, FL 33319

New Principal Place of Business:

6740 TAFT STREET
HOLLYWOOD, FL 33024

Current Mailing Address:

6740 TAFT ST.
HOLLYWOOD, FL 33024

New Mailing Address:

6740 TAFT STREET
HOLLYWOOD, FL 33024

FEI Number: 65-1132665 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DUBRAVETZ, JERRY
6365 TAFT STREET
SUITE 1004
HOLLYWOOD, FL 33024 US

Name and Address of New Registered Agent:

DUBRAVETZ, JERRY
6740 TAFT STREET
HOLLYWOOD, FL 33024 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: _____ 04/05/2012

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: DUBRAVETZ, JERRY
Address: 6740 TAFT STREET
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information indicated on this 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 Statues.

SIGNATURE: JERRY DUBRAVETZ MGRM 04/05/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date