2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016041

Entity Name: COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

FILED Feb 16, 2011 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

440 STATE ROAD 7 SUITE 107

ROYAL PALM BEACH, FL 33411

Current Mailing Address: New Mailing Address:

440 STATE ROAD 7 SUITE 107

ROYAL PALM BEACH, FL 33411

FEI Number: 65-1139535 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

GERSON, GARY N 1645 PALM BEACH LAKES BLVD., SUITE 1200 WEST PALM BEACH, FL 33401 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

MANAGING MEMBERS/MANAGERS:

Title: MGR

Name: GOLDFARB, HOWELL R
Address: 440 STATE ROAD 7 SUITE 107
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM
Name: HINDIN, BRUCE I

Address: 440 STATE ROAD 7 SUITE107 City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM

Name: DIETRICK, KEITH J

Address: 440 STATE ROAD 7 SUITE 107 City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM

Name: PORRATA, HUMBERTO L
Address: 440 STATE ROAD 7 SUITE 107
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: ZOILA HERNANDEZ ADM 02/16/2011