

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016041

FILED
Jan 10, 2012
Secretary of State

Entity Name: COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

440 STATE ROAD 7
SUITE 107
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

440 N. STATE ROAD 7
SUITE 107
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

440 STATE ROAD 7
SUITE 107
ROYAL PALM BEACH, FL 33411

New Mailing Address:

440 N. 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 (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

HERNANDEZ, ZOILA M
2980 BOLTON CT.
WELLINGTON, FL 33414 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: ZOILA M. HERNANDEZ

01/10/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

Title: MGRM
Name: HINDIN, BRUCE I
Address: 440 N. STATE ROAD 7 SUITE 107
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM
Name: DIETRICK, KEITH J
Address: 440 N. STATE ROAD 7 SUITE 107
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM
Name: PORRATA, HUMBERTO L
Address: 440 N. 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 Statutes.

SIGNATURE: HOWELL R. GOLDFARB

MGR

01/10/2012

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