

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017034

FILED
Feb 15, 2008
Secretary of State

Entity Name: NATIONAL PAIN INSTITUTE LLC

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY NW., STE 225
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

951 BROKEN SOUND PARKWAY NW., STE 225
BOCA RATON, FL 33487

New Mailing Address:

FEI Number: 20-2507095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ZIPPER, JEFFREY A
951 BROKEN SOUND PKWY NW
#225
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

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: MGRM () Delete
Name: ZIPPER, JEFFREY A
Address: 951 BROKEN SOUND PKWY NW #225
City-St-Zip: BOCA RATON, FL 33487 US

Title: MGRM () Delete
Name: JUNGREIS, ALEXANDER
Address: 951 BROKEN SOUND PKWY NW #225
City-St-Zip: BOCA RATON, FL 33487 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: JEFFREY A ZIPPER

MGRM

02/15/2008

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