

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000017034

FILED  
Apr 01, 2009  
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:

5365 WEST ATLANTIC AVENUE  
SUITE 504  
DELRAY BEACH, FL 33484

## Current Mailing Address:

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

## New Mailing Address:

5365 WEST ATLANTIC AVENUE  
SUITE 504  
DELRAY BEACH, FL 33484

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:

ZIPPER, JEFFREY A  
5365 WEST ATLANTIC AVENUE  
SUITE 504  
DELRAY BEACH, FL 33484 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: JEFFREY A ZIPPER

04/01/2009

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: MGRM (X) Change ( ) Addition  
Name: ZIPPER, JEFFREY A  
Address: 5365 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGR (X) Change ( ) Addition  
Name: JUNGREIS, ALEXANDER  
Address: 5365 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33484 US

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

04/01/2009

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