

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 04, 2011
Secretary of State

Entity Name: NATIONAL PAIN INSTITUTE LLC

Current Principal Place of Business:

5365 WEST ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484

New Principal Place of Business:

Current Mailing Address:

5365 WEST ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484

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
5365 WEST ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484 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
Name: ZIPPER, JEFFREY A
Address: 5365 WEST ATLANTIC AVENUE
City-St-Zip: DELRAY BEACH, FL 33484 US

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

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: JEFFREY A ZIPPER

MGRM

04/04/2011

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