

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058601

FILED
Apr 28, 2008
Secretary of State

Entity Name: SOUTH FLORIDA INSTITUTE OF PAIN MANAGEMENT, L.L.C.

Current Principal Place of Business:

9370 S.W. 72ND STREET
SUITE A150
MIAMI, FL 33173

New Principal Place of Business:

Current Mailing Address:

9370 S.W. 72ND STREET
SUITE A150
MIAMI, FL 33173

New Mailing Address:

FEI Number: 20-2989604 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREEN, MITCHELL F
4000 HOLLYWOOD BOULEVARD
SUITE 485-SOUTH
HOLLYWOOD, FL 33021 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: MGMR () Delete
Name: MARUCCI, JASON T
Address: 9370 S.W. 72ND STREET, A150
City-St-Zip: MIAMI, FL 33173

Title: MGMR (X) Delete
Name: ALEA, TODD
Address: 9370 S.W. 72ND STREET, A150
City-St-Zip: MIAMI, FL 33173

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: JASON T. MARUCCI MGMR 04/28/2008

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