

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058601

FILED
Mar 20, 2009
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 (X)**

Name and Address of Current Registered Agent:

QUINTERO, CRISTINA
4000 HOLLYWOOD BOULEVARD
SUITE 485-SOUTH
HOLLYWOOD, FL 33021 US

Name and Address of New Registered Agent:

QUINTERO, CRISTINA
9370 SW 72 STREET
SUITE A150
MIAMI, FL 33173 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: CRISTINA QUINTERO

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: QUINTERO, CRISTINA
Address: 9370 S.W. 72ND STREET, A150
City-St-Zip: MIAMI, FL 33173

ADDITIONS/CHANGES:

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: CRISTINA QUINTERO

MGR

03/20/2009

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