

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058601

**FILED**  
**Mar 12, 2010**  
**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:**

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

**Name and Address of New Registered Agent:**

BARBEITO, DAVID  
1001 BRICKELL BAY DRIVE  
9TH FLOOR  
MIAMI, FL 33131 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: DAVID BARBEITO

03/12/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: BARBEITO, MANUEL A  
Address: 9370 S.W. 72ND STREET, A150  
City-St-Zip: MIAMI, FL 33173

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: MANUEL A. BARBEITO

MGR

03/12/2010

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