

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000058601

**FILED**  
**Apr 11, 2011**  
**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:**

BARBEITO, DAVID  
1001 BRICKELL BAY DRIVE  
9TH FLOOR  
MIAMI, FL 33131 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:** 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      04/11/2011

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