

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 07, 2012
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 MD

MANA

02/07/2012

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