

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000032525

FILED
Jan 22, 2009
Secretary of State

Entity Name: USA HEALTH & PAIN MANAGEMENT, LLC.

Current Principal Place of Business:

3434 NE. 12TH AVE.
OAKLAND PARK, FL 33334

New Principal Place of Business:

Current Mailing Address:

3434 NE. 12TH AVE.
OAKLAND PARK, FL 33334

New Mailing Address:

FEI Number: 34-2062678

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SINGER, CRAIG S
3434 NE 12TH AVE
FORT LAUDERDALE, FL 33334 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: P () Delete
Name: SINGER, CRAIG
Address: 3308 NE 17TH CT
City-St-Zip: FORT LAUDERDALE, FL 33305

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: CRAIG SINGER

P

01/22/2009

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