

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000032525

**FILED**  
**Mar 14, 2012**  
**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  
Name: SINGER, CRAIG  
Address: 3308 NE 17TH CT  
City-St-Zip: FORT LAUDERDALE, FL 33305

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: CRAIG SINGER

PRES

03/14/2012

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