

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000050515

FILED
Jan 08, 2007
Secretary of State

Entity Name: INTEGRATIVE PAIN SOLUTIONS, P.L.

Current Principal Place of Business:

1301 PLANTATION ISLAND DRIVE S.
SUITE 402A
ST. AUGUSTINE, FL 32080

New Principal Place of Business:

Current Mailing Address:

773 OCEAN PALM WAY
ST. AUGUSTINE, FL 32080

New Mailing Address:

1301 PLANTATION ISLAND DR S.
SUITE 402A
ST. AUGUSTINE, FL 32080

FEI Number: 43-2105380

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY & CORNEAL, P.L.
904 ANASTASIA BLVD.
ST. AUGUSTINE, FL 32080 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: MGRM () Delete
Name: CORNEAL, SCOTT F
Address: 773 OCEAN PALM WAY
City-St-Zip: ST. AUGUSTINE, FL 32080

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CORNEAL, SCOTT F
Address: 1301 PLANTATION ISLAND DR S SUITE 402A
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the 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: SCOTT F CORNEAL

MGRM

01/08/2007

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