2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2012
Secretary of State

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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:

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

New Mailing Address:

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
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 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 Statues.

SIGNATURE: SCOTT CORNEAL MGRM 04/18/2012

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