

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000069067

FILED
Apr 11, 2011
Secretary of State

Entity Name: INTERVENTIONAL PAIN SERVICE, LLC

Current Principal Place of Business:

201 N. CLYDE MORRIS BLVD., SUITE 120
DAYTONA BEACH, FL 32114

New Principal Place of Business:

201 N. CLYDE MORRIS BLVD.
SUITE 120
DAYTONA BEACH, FL 32114

Current Mailing Address:

201 N. CLYDE MORRIS BLVD., SUITE 120
DAYTONA BEACH, FL 32114

New Mailing Address:

201 N. CLYDE MORRIS BLVD.
SUITE 120
DAYTONA BEACH, FL 32114

FEI Number: 83-0462324

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNELL LEGAL
700 W. GRANADA BLVD., SUITE 107
ORMOND BEACH, FL 32174 US

Name and Address of New Registered Agent:

SNELL LEGAL
160 E. GRANADA BLVD.
ORMOND BEACH, FL 32176 US

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:

04/11/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MAYFIELD, WILLIAM ROSS
Address: 201 N. CLYDE MORRIS BLVD., SUITE 120
City-St-Zip: DAYTONA BEACH, FL 32114

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: WILLIAM ROSS MAYFIELD MD

MGR

04/11/2011

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