2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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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:

Current Mailing Address:

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

New Mailing Address:

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
160 E. GRANADA BLVD.
ORMOND BEACH, FL 32176 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: 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 Statues.

SIGNATURE: WILLIAM ROSS MAYFIELD MGRM 04/09/2012

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