

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000109213

FILED
Apr 25, 2008
Secretary of State

Entity Name: INTEGRATED PAIN SOLUTIONS, LLC

Current Principal Place of Business:

1030 N. ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 US

New Principal Place of Business:

Current Mailing Address:

1030 N. ORANGE AVENUE
105
ORLANDO, FL 32801 US

New Mailing Address:

1030 N. ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 US

FEI Number: 20-5860631

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEYER, ALBERT R
1030 N. ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

WILLIAMS, AREN A
1030 N. ORANGE AVENUE
SUITE 105
ORLANDO, FL 32801 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: AREN A. WILLIAMS

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PAINCARE, INC.,
Address: 1030 N. ORANGE AVENUE #105
City-St-Zip: ORLANDO, FL 32801 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: AREN A. WILLIAMS

RA

04/25/2008

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