

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110470

Entity Name: FLORIDA PAIN PHYSICIANS, LLC

FILED
Jul 16, 2007
Secretary of State

Current Principal Place of Business:

132 BENMORE DRIVE
WINTER PARK, FL 32792

New Principal Place of Business:

Current Mailing Address:

1138 JEFFERSON DRIVE
ATLANTA, GA 30350

New Mailing Address:

FEI Number: 20-5846750 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

STRATTON, BELINDA
132 BENMORE DRIVE
WINTER PARK, FL 32792 US

Name and Address of New Registered Agent:

WINDSOR, ROBERT
P. O. BOX 670308
CORAL SPRINGS, FL 33067 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: ROBERT E. WINDSOR, MD

07/16/2007

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WINDSOR, ROBERT E
Address: 1138 JEFFERSON DRIVE
City-St-Zip: ATLANTA, GA 30350

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: WINDSOR, ROBERT E
Address: 1138 JEFFERSON DRIVE
City-St-Zip: ATLANTA, GA 30350

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: ROBERT E. WINDSOR, MD

PRES

07/16/2007

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