

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000110470

Entity Name: FLORIDA PAIN PHYSICIANS, LLC

FILED
Jan 26, 2010
Secretary of State

Current Principal Place of Business:

652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 US

New Principal Place of Business:

Current Mailing Address:

2550 WINDY HILL ROAD
SUITE 215
MARIETTA, GA 30067

New Mailing Address:

FEI Number: 20-5846750

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WINDSOR, ROBERT
652 PALM SPRINGS DRIVE
ALTAMONTE SPRINGS, FL 32701 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: MGR
Name: WINDSOR, ROBERT E
Address: 2550 WINDY HILL ROAD, #215
City-St-Zip: MARIETTA, GA 30067 US

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: ROBERT E. WINDSOR

MGR

01/26/2010

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