

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119392

FILED
May 17, 2007
Secretary of State

Entity Name: NATIONAL PAIN RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

951 BROKEN SOUND PARKWAY NW
SUITE 225
BOCA RATON, FL

New Principal Place of Business:

951 BROKEN SOUND PARKWAY NW
SUITE 225
BOCA RATON, FL 33487

Current Mailing Address:

951 BROKEN SOUND PARKWAY NW
SUITE 225
BOCA RATON, FL

New Mailing Address:

951 BROKEN SOUND PARKWAY NW
SUITE 225
BOCA RATON, FL 33487

FEI Number: 20-8133747 **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:

ZIPPER, JEFFREY A M.D.
234 ALEXANDER PALM
PALM BEACH, FL 33432 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 () Delete
Name: ZIPPER, JEFFREY A M.D.
Address: 234 ALEXANDER PALM
City-St-Zip: BOCA RATON, FL 33432

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: JEFFREY A. ZIPPER, M.D.

CEO

05/17/2007

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