

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000119392

FILED  
Apr 01, 2009  
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 33487

## New Principal Place of Business:

5365 WEST ATLANTIC AVENUE  
SUITE 504  
DELRAY BEACH, FL 33484

## Current Mailing Address:

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

## New Mailing Address:

5365 WEST ATLANTIC AVENUE  
SUITE 504  
DELRAY BEACH, FL 33484

FEI Number: 20-8133747

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## 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:

ZIPPER, JEFFREY A M.D.  
234 ALEXANDER PALM RD  
BOCA RATON, FL 33432 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: JEFFREY A ZIPPER

04/01/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete  
Name: NATIONAL PAIN INSTIT, UTE, LLC  
Address: 951 BROKEN SOUND PKWY NW #225  
City-St-Zip: BOCA RATON, FL 33487

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: NATIONAL PAIN INSTIT, UTE, LLC  
Address: 5365 WEST ATLANTIC AVENUE  
City-St-Zip: DELRAY BEACH, FL 33484

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

04/01/2009

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