

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000119392

**FILED**  
**Apr 05, 2011**  
**Secretary of State**

**Entity Name:** NATIONAL PAIN RESEARCH INSTITUTE, LLC

**Current Principal Place of Business:**

5365 WEST ATLANTIC AVENUE  
SUITE 504  
DELRAY BEACH, FL 33484

**New Principal Place of Business:**

**Current Mailing Address:**

5365 WEST ATLANTIC AVENUE  
SUITE 504  
DELRAY BEACH, FL 33484

**New Mailing Address:**

**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 RD  
BOCA RATON, 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  
**Name:** NATIONAL PAIN INSTITUTE, LLC  
**Address:** 5365 WEST ATLANTIC AVENUE  
**City-St-Zip:** DELRAY BEACH, FL 33484

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: NATIONAL PAIN INSTITUTE LLC

MGRM

04/05/2011

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