2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 22, 2008
Secretary of State

DOCUMENT# L07000022517

Entity Name: NEUROLOGICAL, PAIN & REHABILITATION INSTITUTE, LLC

Current Principal Place of Business:

401 HARBOUR PLACE DRIVE, APT. 1412
TAMPA, FL 336026755

New Principal Place of Business:

3010 E. 138TH AVE.
#100
TAMPA, FL 33613

Current Mailing Address:

401 HARBOUR PLACE DRIVE, APT. 1412
TAMPA, FL 336026755

New Mailing Address:

3010 E. 138TH AVE.
#100
TAMPA, FL 33613

FEI Number: 20-8637252 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LANGFORD, E C ESQ.
1715 W. CLEVELAND STREET
TAMPA, FL 33606 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: CASES, HECTOR
Address: 401 HARBOUR PLACE DRIVE, APT. 1412
City-St-Zip: TAMPA, FL 336026755

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: CASES, HECTOR J
Address: 3010 E 138TH AVE. SUITE 100
City-St-Zip: TAMPA, FL 33613

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: DONNA KLAY OM 04/22/2008

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