2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

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Entity Name: NEUROLOGICAL, PAIN & REHABILITATION INSTITUTE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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
Name: CASES, HECTOR J
Address: 3010 E 138TH AVE. SUITE 100
City-St-Zip: TAMPA, FL 33613

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 Statues.

SIGNATURE: HECTOR J CASES MGRM 04/20/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date