

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052666

FILED
Apr 13, 2008
Secretary of State

Entity Name: INTERVENTIONAL PAIN MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

1930 N.W. 47 STREET, SUITE 300
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

1930 N.E. 47 STREET,
SUITE 300
FT. LAUDERDALE, FL 33308

Current Mailing Address:

1930 N.W. 47 STREET, SUITE 300
FT. LAUDERDALE, FL 33308

New Mailing Address:

1930 N.E. 47 STREET,
SUITE 300
FT. LAUDERDALE, FL 33308

FEI Number: 26-0204964

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ.
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 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: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: HOFFMAN, RICHARD
Address: 517 ISLE PALMS DRIVE
City-St-Zip: FORT LAUDERDALE, FL 33301 US

Title: MD () Change (X) Addition
Name: SZEINFELD, MARCOS
Address: 2200 SUNRISE KEY BLVD.
City-St-Zip: FORT LAUDERDALE, FL 33304 US

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: MS

MD

04/13/2008

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