

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000052666

FILED
Apr 18, 2009
Secretary of State

Entity Name: INTERVENTIONAL PAIN MANAGEMENT OF FLORIDA, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

SZEINFELD, MARCOS
1930 NE 47TH ST.
300
FORT LAUDERDALE, FL 33308 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: MS

04/18/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

04/18/2009

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