

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000075219

FILED  
Apr 04, 2009  
Secretary of State

**Entity Name:** FLORIDA INTERVENTIONAL PAIN MANAGEMENT LLC

**Current Principal Place of Business:**

8233 PINE CAY RD  
WEST PALM BEACH, FL 33414 US

**New Principal Place of Business:**

**Current Mailing Address:**

8233 PINE CAY RD  
WEST PALM BEACH, FL 33414 US

**New Mailing Address:**

**FEI Number:** 61-1536415

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BANRONIS, SAULIS  
8233 PINE CAY RD  
CAPE CORAL, FL 33914 US

**Name and Address of New Registered Agent:**

BANIONIS, SAULIS  
8233 PINE CAY RD  
WEST PALM BEACH, FL 33414 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:** SAULIS BANIONIS

04/04/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM ( ) Delete  
**Name:** BANRONIS, SAULIS  
**Address:** 8233 PINE CAY RD  
**City-St-Zip:** WEST PALM BEACH, FL 33414 US

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** BANIONIS, SAULIS  
**Address:** 8233 PINE CAY RD  
**City-St-Zip:** WEST PALM BEACH, FL 33414 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:** SAULIS BANIONIS

MGRM

04/04/2009

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