

2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L07000075219

FILED
Sep 04, 2012
Secretary of State

Entity Name: FLORIDA INTERVENTIONAL PAIN MANAGEMENT LLC

Current Principal Place of Business:

3347 STATE ROAD 7
200
WELLINGTON, FL 33449 US

New Principal Place of Business:

1447 MEDICAL PARK BLVD.
209
WELLINGTON, FL 33414 US

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:

BANIONIS, SAULIS
8233 PINE CAY RD
WEST PALM BEACH, FL 33414 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: BANIONIS, SAULIS
Address: 8233 PINE CAY RD
City-St-Zip: WEST PALM BEACH, FL 33414 US

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 Statutes.

SIGNATURE: SAULIS M. BANIONIS MGR 09/04/2012

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