

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093932

FILED
Jan 16, 2009
Secretary of State

Entity Name: INTERVENTIONAL PAIN CENTER OF NORTHWEST FLORIDA, LLC

Current Principal Place of Business:

999 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

999 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 26-1085587 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

PITELL, LISA Y
4400 E. HWY 20, SUITE 202
NICEVILLE, FL 32578 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: MGR () Delete
Name: ZONDLO, FRANK C
Address: 999 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 US

ADDITIONS/CHANGES:

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: FRANK C. ZONDLO

MGR

01/16/2009

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