

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000093932

FILED
Jan 11, 2010
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
Name: ZONDLO, FRANK C
Address: 999 MAR WALT DRIVE
City-St-Zip: FORT WALTON BEACH, FL 32547 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: FRANK ZONDLO, M.D.

MGR

01/11/2010

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