2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2008
Secretary of State

DOCUMENT# L07000100552

Entity Name: NEURO-PAIN MEDICAL CENTER, LLC

Current Principal Place of Business:

13250 N. 56TH STREET
102
TAMPA, FL 33617

New Principal Place of Business:

Current Mailing Address:

10524 MARTINIQUE ISLE DR
TAMPA, FL 33647

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

JULIUS, TOSIN
10524 MARTINIQUE ISLE DRIVE
TAMPA, FL 33647 US

Name and Address of New Registered Agent:

JULIUS, WALE
10524 MARTINIQUE ISLE DRIVE
TAMPA, FL 33647 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: W JULIUS 01/06/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: JULIUS, WALE
Address: 13250 N. 56TH STREET SUITE 102
City-St-Zip: TAMPA, FL 33617

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: W JULIUS MGR 01/06/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date