2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 25, 2010
Secretary of State

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Entity Name: NEURO-PAIN MEDICAL CENTER, LLC

Current Principal Place of Business:

13248 TELECOM DR.
TEMPLE TERRACE, FL 33637

New Principal Place of Business:

Current Mailing Address:

13248 TELECOM DR.
TEMPLE TERRACE, FL 33637

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, WALE
13248 TELECOM DR.
TEMPLE TERRACE, FL 33637 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: JULIUS, WALE
Address: 13248 TELECOM DR.
City-St-Zip: TEMPLE TERRACE, FL 33637

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 Statues.

SIGNATURE: WALE JULIUS MGR 01/25/2010
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date