

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100552

FILED
Jan 17, 2011
Secretary of State

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 ()

FEI Number Not Applicable (X)

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 Statutes.

SIGNATURE: WJ

MGRM

01/17/2011

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