2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 19, 2012
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:

13244 TELECOM DR.
TEMPLE TERRACE, FL 33637

Current Mailing Address:

13248 TELECOM DR.
TEMPLE TERRACE, FL 33637

New Mailing Address:

13244 TELECOM DR.
TEMPLE TERRACE, FL 33637

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

Name and Address of Current Registered Agent:

JULIUS, WALE
13248 TELECOM DR.
TEMPLE TERRACE, FL 33637 US

Name and Address of New Registered Agent:

JULIUS, WALE
13244 TELECOM DR.
TEMPLE TERRACE, FL 33637 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: WJ 01/19/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: JULIUS, WALE
Address: 13244 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: WJ MGRM 01/19/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date