2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123048

Entity Name: INTERVENTIONAL PAIN PHYSICIANS, LLC

FILED May 02, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5622 MARINE PARKWAY SUITE 18

NEW PORT RICHEY, FL 34652

New Mailing Address: Current Mailing Address:

P O BOX 158 P O BOX 158

LUTZ, FL 33548 LUTZ, FL 335480158 US

FEI Number: 26-1556422 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

ZHU, HUI MD 5622 MARINE PARKWAY SUITE 18 NEW PORT RICHEY, FL 34652 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:

Date

Electronic Signature of Registered Agent

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

Name: ZHU, HUI Address: PO BOX 158

City-St-Zip: LUTZ, FL 335480158

Title: MGRM () Delete

Name: MA, LI Address: PO BOX 158 City-St-Zip: LUTZ, FL 335480158 ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition

Name: 7HU HUI Address: PO BOX 158 City-St-Zip: LUTZ, FL 33548 US

Title: MGRM (X) Change () Addition

Name: MA, LI Address: PO BOX 158 City-St-Zip: LUTZ, FL 33548 US

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: HUI ZHU **MGRM** 05/02/2008