2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123048

Entity Name: INTERVENTIONAL PAIN PHYSICIANS, LLC

FILED Jun 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5622 MARINE PARKWAY 5651 GULF DR SUITE 18 NEW PORT RICHEY, FL 34652 NEW PORT RICHEY, FL 34652 **New Mailing Address: Current Mailing Address:** P O BOX 158 LUTZ, FL 33548 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 ZHU, HUI MD 5622 MARINE PARKWAY 5651 GULF DR NEW PORT RICHEY, FL 34652 US 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: HZ 06/15/2009 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM () Delete

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

Title: MGRM () Delete

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

() Change () Addition

() Change () Addition

Name: Address:

City-St-Zip:

Title: 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: HUI ZHU **MGRM** 06/15/2009