2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2011
Secretary of State

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Entity Name: INTERVENTIONAL PAIN PHYSICIANS, LLC

Current Principal Place of Business:

5651 GULF DR
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

Current Mailing Address:

P O BOX 158
LUTZ, FL 33548 US

New Mailing Address:

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

Name and Address of Current Registered Agent:

ZHU, HUI MD
5651 GULF DR
NEW PORT RICHEY, FL 34652 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: ZHU, HUI
Address: PO BOX 158
City-St-Zip: LUTZ, FL 33548 US

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

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: HUI ZHU MGRM 05/01/2011

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