

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000123048

FILED
Mar 19, 2012
Secretary of State

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 Statutes.

SIGNATURE: HZ

MGRM

03/19/2012

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