

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000022754

FILED
Apr 22, 2010
Secretary of State

Entity Name: INTERVENTIONAL PAIN MEDICINE OF PALM BEACH, LLC

Current Principal Place of Business:

2051 ASCOTT CIRCLE
NORTH PALM BEACH, FL 33408 US

New Principal Place of Business:

760 U. S. HIGHWAY ONE
SUITE 203
NORTH PALM BEACH, FL 33408 US

Current Mailing Address:

2051 ASCOTT CIRCLE
NORTH PALM BEACH, FL 33408 US

New Mailing Address:

760 U. S. HIGHWAY ONE
SUITE 203
NORTH PALM BEACH, FL 33408 US

FEI Number: 26-2126066

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PRUITT, WILLIAM E
3030 SOUTH DIXIE HWY
SUITE 5
WEST PALM BEACH, FL 33405 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: STROPP, RICHARD J
Address: 760 U. S. HIGHWAY ONE, SUITE 203
City-St-Zip: NORTH PALM BEACH, FL 33408 FL

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: RICHARD J. STROPP

MGR

04/22/2010

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