2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2009
Secretary of State

DOCUMENT# L08000098464

Entity Name: NATIONAL INSTITUTE FOR PAIN MANAGEMENT, LLC

Current Principal Place of Business:

5041 WEST CYPRESS STREET
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

5041 WEST CYPRESS STREET
TAMPA, FL 33607

New Mailing Address:

FEI Number: 01-0917528 **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:

CRESPO, LUIS E M.D.
5041 WEST CYPRESS STREET
TAMPA, FL 33607 US

Name and Address of New Registered Agent:

JOHNSON, NANCY H O.M.
5041 WEST CYPRESS STREET
TAMPA, FL 33607 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: NANCY H. JOHNSON 07/02/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM ( ) Change (X) Addition
Name: CRESPO, LUIS E MD
Address: 5041 W CYPRESS ST
City-St-Zip: TAMPA, FL 33607

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: LUIS E CRESPO, MD MGRM 07/02/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date