## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000102997

Address:

City-St-Zip:

9858 CLINT MOORE RD SUITE C111-240

BOCA RATON, FL 33496

Entity Name: SOUTH FLORIDA PAIN & WOUND HEALING CENTER, LLC

FILED Aug 31, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5458 TOWN CENTER RD. 141 NW 20TH ST SUITE 10, MED +PLEX H-1 BOCA RATON, FL 33486 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 9858 CLINT MOORE RD SUITE C111-240 BOCA RATON, FL 33496 FEI Number: 26-3712288 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired (X) 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: MACIVOR, DAVID DOM, AP 9858 CLINT MOORE RD SUITE C111-240 BOCA RATON, FL 33496 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: Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: () Delete Title: () Change () Addition MACIVOR, DAVID DOM AP Name: 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: DAVID MACIVOR, DOM AP MGR 08/31/2009