

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Mar 02, 2010
Secretary of State

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

Current Principal Place of Business:

141 NW 20TH ST
H-1
BOCA RATON, FL 33431

New Principal Place of Business:

299 CAMINO GARDEN BLVD.
101
BOCA RATON, FL 33432

Current Mailing Address:

9858 CLINT MOORE RD
SUITE C111-240
BOCA RATON, FL 33496

New Mailing Address:

FEI Number: 26-3712288 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MACIVOR, DAVID DOM, AP
9858 CLINT MOORE RD
SUITE C111-240
BOCA RATON, FL 33496 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: MGR
Name: MACIVOR, DAVID DOM AP
Address: 9858 CLINT MOORE RD SUITE C111-240
City-St-Zip: BOCA RATON, FL 33496

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: DAVID MACIVOR, DOM, AP MGR 03/02/2010

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