

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000109674

Entity Name: IPS OF FT. MYERS, LLC

FILED
Mar 29, 2012
Secretary of State

Current Principal Place of Business:

8255 COLLEGE PKWY, SUITE 100
FT. MYERS, FL 339195119

New Principal Place of Business:

Current Mailing Address:

5700 MIDNIGHT PASS ROAD
SUITE 4
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 26-3779252

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NOBACK, CARL R MD
5700 MIDNIGHT PASS RD
STE 4
SARASOTA, FL 34242 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: INNOVATIVE PAIN SOLUTIONS
Address: 5700 MIDNIGHT PASS RD, STE 4
City-St-Zip: SARASOTA, FL 34242

Title: MGRM
Name: ADVANCED PAIN MANAGEMENT SPECIALISTS, P.A.
Address: 8225 COLLEGE PARKWAY, STE 200
City-St-Zip: FORT MYERS, FL 33919

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: CARL R. NOBACK

MGRM

03/29/2012

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