2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 24, 2011
Secretary of State

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Entity Name: INNOVATIVE PAIN SOLUTIONS, LLC

Current Principal Place of Business:

5700 MIDNIGHT PASS RD
STE 4
SARASOTA, FL 34242

New Principal Place of Business:

Current Mailing Address:

5700 MIDNIGHT PASS RD
STE 4
SARASOTA, FL 34242

New Mailing Address:

FEI Number: 26-4246045 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

A1A REGISTERED AGENT, INC.
5647 110TH AVE NORTH
ROYAL PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

NOBACK, CARL R MD
5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242 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: CARL R. NOBACK, MD 03/24/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: NOBACK, CARL MD
Address: 5700 MIDNIGHT PASS ROAD, STE 4
City-St-Zip: SARASOTA, FL 34242

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 Statues.

SIGNATURE: CARL R. NOBACK, MD MGRM 03/24/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date