

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014065

Entity Name: IPS OF DELTONA, LLC

**FILED**  
**Apr 21, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

201 MONTGOMERY AVE  
SARASOTA, FL 34243

**New Principal Place of Business:**

5700 MIDNIGHT PASS ROAD  
SUITE 4  
SARASOTA, FL 34242

**Current Mailing Address:**

201 MONTGOMERY AVE  
SARASOTA, FL 34243

**New Mailing Address:**

5700 MIDNIGHT PASS ROAD  
SUITE 4  
SARASOTA, FL 34242

FEI Number: 26-4246100

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 AVENUE NORTH  
ROYAL PALM BEACH, FL 33411 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, LLC  
Address: 201 MONTGOMERY AVE  
City-St-Zip: SARASOTA, FL 34243

Title: MGRM  
Name: MOUNTAIN MEDICAL CENTER, LLC  
Address: 777 DELTONA BLVD  
City-St-Zip: DELTONA, FL 32725

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

04/21/2010

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