

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026857

FILED
Mar 24, 2011
Secretary of State

Entity Name: CLAY PAIN CENTER PHYSICIANS, LLC

Current Principal Place of Business:

1564 KINGSLEY AVE
ORANGE PARK, FL 32073

New Principal Place of Business:

Current Mailing Address:

1564 KINGSLEY AVE
ORANGE PARK, FL 32073

New Mailing Address:

FEI Number: 26-4489679

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 R
Address: 5700 MIDNIGHT PASS ROAD
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 Statutes.

SIGNATURE: CARL R. NOBACK, MD

MRGM

03/24/2011

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