2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2012
Secretary of State

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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:

NOBACK, CARL R MD
5700 MIDNIGHT PASS RD.
STE 4
SARASOTA, FL 34242 US

Name and Address of New Registered Agent:

BATAINEH, MOHAMMAD R
1200 RIVERPLACE BLVD.
STE 705
JACKSONVILLE, FL 32207 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: MOHAMMAD R. BATAINEH 05/01/2012
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: SHAH, HEMANT N MD
Address: PO BOX 600290
City-St-Zip: JACKSONVILLE, FL 32260 US

Title: MGRM
Name: CLAY SURGERY CENTER, LLP
Address: 1564 KINGSLEY AVE.
City-St-Zip: ORANGE PARK, FL 32073 US

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: CLAY SURGERY CENTER, LLP MGRM 05/01/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date