

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000065618

FILED
Apr 20, 2011
Secretary of State

Entity Name: ADVANCED PAIN SOLUTIONS, LLC

Current Principal Place of Business:

13700 CYPRESS TERRACE CIRCLE
BLDG. 100
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1509 SW 44TH STREET
CAPE CORAL, FL 33914

New Mailing Address:

FEI Number: 27-0503843

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

STOKES, STEPHEN D
1509 SW 44TH STREET
CAPE CORAL, FL 33914 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: STOKES, STEPHEN D
Address: 1509 SW 44TH STREET
City-St-Zip: CAPE CORAL, FL 33914

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: STEPHEN D. STOKES

MGRM

04/20/2011

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