2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: FLORIDA INSTITUTE OF PAIN MANAGEMENT, LLC

Current Principal Place of Business:

5175-D ATLANTIC AVE
DELRAY BEACH, FL 33484 US

New Principal Place of Business:

Current Mailing Address:

1101 N. CONGRESS AVE
208
BOYNTON BEACH, FL 33426 US

New Mailing Address:

FEI Number: 90-0500272 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

STEIN, KIMBERLY R DO
5175-D ATLANTIC AVE
DELRAY BEACH, FL 33484 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: STEIN, KIMBERLY R DO
Address: 5175-D ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33484 US

Title: MGRM
Name: SALOMONI, VINCENT
Address: 5175-D ATLANTIC AVE
City-St-Zip: DELRAY BEACH, FL 33484 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: KIMBERLY STEIN MGRM 03/02/2010

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