

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000070038

FILED
Jun 13, 2011
Secretary of State

Entity Name: ADVANCED PAIN MANAGEMENT CLINIC, LLC

Current Principal Place of Business:

5757 BOOTH ROAD BLDG 100
JACKSONVILLE, FL 32207

New Principal Place of Business:

5757 BOOTH ROAD
BLDG 100
JACKSONVILLE, FL 32207

Current Mailing Address:

5757 BOOTH ROAD BLDG 100
JACKSONVILLE, FL 32207

New Mailing Address:

5757 BOOTH ROAD
BLDG 100
JACKSONVILLE, FL 32207

FEI Number: 27-0583254

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILLENS, MICHAEL S D.O.
5757 BOOTH ROAD BLDG 100
JACKSONVILLE, FL 32207 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: OWNE
Name: WILLENS, MICHAEL S D.O.
Address: 5757 BOOTH ROAD, BLDG 100
City-St-Zip: JACKSONVILLE, FL 32207

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: MICHAEL WILLENS

OWNE

06/13/2011

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