

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076434

**Entity Name:** AXIS PAIN CLINIC LLC

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

6919 MERRILL RD  
JACKSONVILLE, FL 32277 US

**New Principal Place of Business:**

**Current Mailing Address:**

6919 MERRILL RD  
JACKSONVILLE, FL 32277 US

**New Mailing Address:**

**FEI Number:** 27-0729867

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

PATEL, VIPUL R  
5924 COVERED CREEK LN  
JACKSONVILLE, FL 32277 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: PATEL, VIPUL R  
Address: 5924 COVERED CREEK LN  
City-St-Zip: JACKSONVILLE, FL 32277 US

Title: MGRM  
Name: JALEEL, FIAZ  
Address: 3587 HIGHLAND GLEN  
City-St-Zip: JACKSONVILLE, FL 32224 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 Statutes.

SIGNATURE: VIPUL R PATEL

MGRM

04/26/2010

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