

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076434

Entity Name: AXIS PAIN CLINIC LLC

**FILED**  
**Mar 20, 2012**  
**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:**

JALEEL, FIAZ  
3587 HIGHLAND GLEN WAY  
JACKSONVILLE, FL 32224 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: FIAZ JALEEL

03/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: FIAZ JALEEL MD PA  
Address: 3587 HIGHLAND GLEN WAY  
City-St-Zip: JACKSONVILLE, FL 32244 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: FIAZ JALEEL

MGRM

03/20/2012

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