

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000080898

FILED
Apr 15, 2010
Secretary of State

Entity Name: SOUTH FLORIDA PAIN & REHABILITATION OF WEST DADE, LLC

Current Principal Place of Business:

8260 WEST FLAGLER STREET, SUITE 1-D
MIAMI, FL 33144

New Principal Place of Business:

7913 NW 2ND STREET
MIAMI, FL 33126

Current Mailing Address:

1600 S. FEDERAL HIGHWAY, SUITE 390
POMPANO BEACH, FL 33062

New Mailing Address:

FEI Number: 27-0825864

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEDER, DANIEL S
18339 N.E. 19TH AVENUE
NORTH MIAMI BEACH, FL 33179 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: FEDER, DANIEL S
Address: 18339 N.E. 19TH AVE.
City-St-Zip: NORTH MIAMI BEACH, FL 33179

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: DANNY FEDER

PRES

04/15/2010

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