2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 05, 2012
Secretary of State

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

Current Principal Place of Business:

7913 NW 2ND STREET
MIAMI, FL 33126

New Principal Place of Business:

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 Statues.

SIGNATURE: DANNY FEDER PRES 01/05/2012

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