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OCT 12 2012 12:23 FR AKERMAN SENTERFITT 5613684568 TO 18506176383 P.01/02

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Email Address: Kera.dracetta@akerman.com

LLC REGISTERED AGENT RESIGNATION
INTERVENTIONAL PAIN SOLUTIONS, LLC

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OCT 15 2012
T. HAMPTON

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

John J. Raymond, Jr., hereby resigns as
Name of Registered Agent

Registered Agent for Interventional Pain Solutions, LLC
Name of Limited Liability Company

L09000082146
Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

John J. Raymond Jr.
Signature of Resigning Agent

If signing on behalf of an entity:

John J. Raymond Jr.
Typed or Printed Name

Registered Agent
Capacity

FILING FEES:
$ 85.00 Active limited liability company
$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
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