

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000092669

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** PREMIER PAIN & INTERVENTIONAL MEDICINE, LLC

**Current Principal Place of Business:**

1600 SOUTH FEDERAL HIGHWAY, #390  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

1600 SOUTH FEDERAL HIGHWAY, #300  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1600 SOUTH FEDERAL HIGHWAY, #390  
POMPANO BEACH, FL 33062

**New Mailing Address:**

**FEI Number:** 27-1008254      **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:** MGR  
**Name:** FEDER, DANIEL S  
**Address:** 18339 N.E. 19TH AVENUE  
**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

01/05/2012

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