

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L09000101081

**FILED**  
**Mar 29, 2011**  
**Secretary of State**

**Entity Name:** PREMIER PAIN ASSOCIATES, LLC

**Current Principal Place of Business:**

15931 KNIGHTSBRIDGE COURT  
FORT MYERS, FL 33908

**New Principal Place of Business:**

12700 CREEKSIDE LANE  
FORT MYERS, FL 33919

**Current Mailing Address:**

12700 CREEKSIDE LANE  
FORT MYERS, FL 33919

**New Mailing Address:**

15931 KNIGHTSBRIDGE COURT  
FORT MYERS, FL 33908

**FEI Number:** 27-1152477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

WEINER, JAMES P M.D.  
15931 KNIGHTSBRIDGE COURT  
FORT MYERS, FL 33908 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: DR. JAMES WEINER

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MBRM

**Name:** WEINER, JAMES P M.D.

**Address:** 15931 KNIGHTSBRIDGE COURT

**City-St-Zip:** FORT MYERS, FL 33908

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: DR. JAMES WEINER

MBR

03/29/2011

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