2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 01, 2011
Secretary of State

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Entity Name: FLORIDA INSTITUTE OF PAIN MEDICINE, LLC

Current Principal Place of Business:

161-4 HAMPTON POINT DRIVE
ST. AUGUSTINE, FL 32092

New Principal Place of Business:

Current Mailing Address:

161-4 HAMPTON POINT DRIVE
ST. AUGUSTINE, FL 32092

New Mailing Address:

6144 GAZEBO PARK PLACE SOUTH
SUITE 102
JACKSONVILLE, FL 32257

FEI Number: 27-1608375 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NOLAN, MICHAEL J
201 N. FRANKLIN STREET, STE. 2200
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

CANLAS, CELINA
13458 LONG CYPRESS TRAIL
JACKSONVILLE, FL 32223 US

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: CELINA CANLAS 02/01/2011
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CANLAS, BERNARD
Address: 161-4 HAMPTON POINT DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32092

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: BERNARD CANLAS MGRM 02/01/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date