2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2012
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:

6144 GAZEBO PARK PLACE SOUTH
SUITE 102
JACKSONVILLE, FL 32257

New Mailing Address:

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

Name and Address of Current Registered Agent:

CANLAS, CELINA
13458 LONG CYPRESS TRAIL
JACKSONVILLE, FL 32223 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: 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 02/16/2012

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