

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000006747

FILED
Jan 05, 2011
Secretary of State

Entity Name: SUPERIOR PAIN THERAPY EQUIPMENT. LLC

Current Principal Place of Business:

1492 ALTERNATE 19 N
PALM HARBOR, FL 34683

New Principal Place of Business:

25400 US HWY 19 N
SUITE 136C
CLEARWATER, FL 33763

Current Mailing Address:

1492 ALTERNATE 19 N
PALM HARBOR, FL 34683

New Mailing Address:

PO BOX 129
PALM HARBOR, FL 346820129

FEI Number: 27-1701473

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VINCENT, MICHAEL S
7241 GABERIA RD
NEW PORT RICHEY, FL 34655 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: VINCENT, MICHAEL S
Address: 7241 GABERIA RD
City-St-Zip: NEW PORT RICHEY, FL 34655

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: MICHAEL S VINCENT

MGRM

01/05/2011

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