2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2012
Secretary of State

DOCUMENT# L10000014312

Entity Name: UNIVERSITY PAIN SPECIALISTS, LLC

Current Principal Place of Business:

3604 SOUTH UNIVERSITY BLVD
JACKSONVILLE, FL 32216

New Principal Place of Business:

Current Mailing Address:

7685 103RD STREET
JACKSONVILLE, FL 32210

New Mailing Address:

FEI Number: 27-1852877 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

HUSSAIN, SYED S MD
7685 103RD STREET
JACKSONVILLE, FL 32210 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: HUSSAIN, SYED S MD
Address: 7685 103RD STREET
City-St-Zip: JACKSONVILLE, FL 32210

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: SYED S. HUSSAIN MGMR 04/27/2012
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date