2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 16, 2011
Secretary of State

DOCUMENT# L10000016784

Entity Name: FLORIDA DOCTORS FOR ARTHRITIS AND PAIN, LLC

Current Principal Place of Business:

3720 SOUTH OCEAN BOULEVARD
1101
HIGHLAND BEACH, FL 33487

New Principal Place of Business:

Current Mailing Address:

3720 SOUTH OCEAN BOULEVARD
1101
HIGHLAND BEACH, FL 33487

New Mailing Address:

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

Name and Address of Current Registered Agent:

DACHMAN, CAREY B
3720 SOUTH OCEAN BOULEVARD
1101
HIGHLAND BEACH, FL 33487 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: MGR
Name: DACHMAN, CAREY B
Address: 3720 OCEAN BOULEVARD
City-St-Zip: HIGHLAND BEACH, FL 33487

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: CAREY B. DACHMAN DR. 02/16/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date