

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000041985

FILED
Apr 26, 2011
Secretary of State

Entity Name: 1-800-411-PAIN REFERRAL SERVICE, LLC

Current Principal Place of Business:

2659 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33311

New Principal Place of Business:

Current Mailing Address:

2659 WEST OAKLAND PARK BLVD.
LAUDERDALE LAKES, FL 33311

New Mailing Address:

FEI Number: 27-2462519

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MILLER, BONNIE S CPA
9050 PINES BLVD., SUITE 301
PEMBROKE PINES, FL 33024 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: LEWIN, ROBERT
Address: 2659 WEST OAKLAND PARK BLVD.
City-St-Zip: LAUDERDALE LAKES, FL 33311

Title: MGR
Name: LEWIN, HARLEY
Address: 2659 WEST OAKLAND PARK BLVD.
City-St-Zip: LAUDERDALE LAKES, FL 33311

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: ROBERT LEWIN

MGR

04/26/2011

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