# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 24, 2012**
**Secretary of State**

DOCUMENT# L10000041985

**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 Statues.

SIGNATURE: ROBERT LEWIN MGR 04/24/2012

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