2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
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Secretary of State

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Entity Name: PAIN MEDICINE PHYSICIANS OF JACKSONVILLE, LLC

Current Principal Place of Business:

3604 UNIVERSITY BLVD. SOUTH
STE 301
JACKSONVILLE, FL 32207 US

New Principal Place of Business:

3604 UNIVERSITY BLVD. SOUTH
STE 301
JACKSONVILLE, FL 32216 US

Current Mailing Address:

5800 BEACH BLVD.
STE 202-161
JACKSONVILLE, FL 32207 US

New Mailing Address:

5800 BEACH BLVD.
STE 203-161
JACKSONVILLE, FL 32207 US

FEI Number: 27-4098224 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KHANNA, SANJEEV
5800 BEACH BLVD.
STE 203-161
JACKSONVILLE, FL 32207 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: PRES
Name: KHANNA, PARVEEN MD
Address: 5800 BEACH BLVD., STE 203-161
City-St-Zip: JACKSONVILLE, FL 32207 US

Title: V.P.
Name: KHANNA, SANJEEV
Address: 5800 BEACH BLVD., STE 203-161
City-St-Zip: JACKSONVILLE, FL 32207 US

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: SANJEEV KHANNA V.P. 01/26/2011

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