

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000012176

FILED
Jan 13, 2012
Secretary of State

Entity Name: SUPERIOR PAIN SOLUTIONS, LLC

Current Principal Place of Business:

15392 SW 19TH TERRACE
MIAMI, FL 33185 US

New Principal Place of Business:

8200 SW 117TH AVENUE, SUITE 312
SUITE 312
MIAMI, FL 33183 US

Current Mailing Address:

15392 SW 19TH TERRACE
MIAMI, FL 33185 US

New Mailing Address:

FEI Number: 27-4701245 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

REYNOLDS, KILEY J DO
15392 SW 19TH TERRACE
MIAMI, FL 33185 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: REYNOLDS, KILEY J DO
Address: 15392 SW 19TH TERRACE
City-St-Zip: MIAMI, FL 33185 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 Statutes.

SIGNATURE: KILEY J. REYNOLDS MGRM 01/13/2012

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