

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000115123

**FILED**  
**Jan 17, 2012**  
**Secretary of State**

**Entity Name:** ANESCO INTERVENTIONAL PAIN INSTITUTE LLC

**Current Principal Place of Business:**

2964 N STATE ROAD 7  
SUITE 206  
MARGATE, FL 33063 US

**New Principal Place of Business:**

**Current Mailing Address:**

2964 N STATE ROAD 7  
SUITE 206  
MARGATE, FL 33063 US

**New Mailing Address:**

**FEI Number:** 45-3581850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

REYNOLDS, KEVIN  
2401 NW BOCA RATON BLVD  
BOCA RATON, FL 33431 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: MELI, RICHARD  
Address: 3471 N FEDERAL HWY SUITE 506  
City-St-Zip: FT LAUDERDALE, FL 33306 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: RICHARD MELI, MD

PRES

01/17/2012

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