

2015 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000119392

Entity Name: NATIONAL PAIN RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

5400 BROKEN SOUND BLVD NW
SUITE 600
BOCA RATON, FL 33487-3522

Current Mailing Address:

5400 BROKEN SOUND BLVD NW
SUITE 600
BOCA RATON, FL 33487-3522 US

FEI Number: 20-8133747

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 US

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: SUSAN G. KNIGHT

04/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DIRECTOR, PRESIDENT, SECRETARY
Name SAJAN, CHERIAN K. M.D.
Address 5400 BROKEN SOUND BLVD NW
SUITE 600
City-State-Zip: BOCA RATON FL 33487-3522

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CHERIAN K. SAJAN, MD

OWNER

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date