2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 01, 2015
Secretary of State
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Entity Name: NATIONAL PAIN RESEARCH INSTITUTE, LLC

Current Principal Place of Business:

5365 WEST ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484

Current Mailing Address:

5365 WEST ATLANTIC AVENUE
SUITE 504
DELRAY BEACH, FL 33484

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 04/01/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER
Name	JUNGREIS, ALEXANDER M.D.
Address	5365 WEST ATLANTIC AVENUE SUITE 504
City-State-Zip:	DELRAY BEACH FL 33484

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: JUNGREIS ALEXANDER MD MANAGER 04/01/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date