

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000035093

Entity Name: OAKS BROG PAIN MANAGEMENT, LLC

Current Principal Place of Business:

660 GLADES ROAD
SUITE 460
BOCA RATON, FL 33431

Current Mailing Address:

660 GLADES ROAD
SUITE 460
BOCA RATON, FL 33431

FEI Number: 26-2579563

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION COMPANY OF MIAMI
250 AUSTRALIAN AVENUE SOUTH
SUITE 500 (JAF)
WEST PALM BEACH, FL 33401 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:

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ORTHO FLORIDA, LLC
Address 660 GLADES ROAD, SUITE 460
City-State-Zip: BOCA RATON FL 33431

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: CHRISTINE ROBERTS

CONTROLLER

03/18/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date