

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000107746

Entity Name: INSTITUTO MEDICO DEL DOLOR LLC

Current Principal Place of Business:

3850 BIRD ROAD
PH 1
CORAL GABLES, FL 33146

Current Mailing Address:

3850 BIRD ROAD
PH 1
CORAL GABLES, FL 33146

FEI Number: 27-3724540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHOWDHURY, EQRAMUL I.J.D.
3850 BIRD ROAD
PH 1
CORAL GABLES, FL 33146 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 ARIAS, JACQUELINE
Address 3850 BIRD ROAD PH 1
City-State-Zip: CORAL GABLES FL 33146

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JACQUELINE ARIAS

MEMEBER

02/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date