
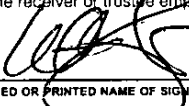


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
06 MAY -1 PM 4:05
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L05000013328					
1. Entity Name HEALTH VENTURES PAIN MANAGEMENT, LLC					
Principal Place of Business 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308			Mailing Address 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
City & State		City & State		Applied For Not Applicable	
Zip		Country		6. Name and Address of Current Registered Agent	
City & State		City & State		7. Name and Address of New Registered Agent	
Zip		Country		Name	
City & State		City & State		Street Address (P.O. Box Number is Not Acceptable)	
Zip		Country		City	
City & State		City & State		Zip Code	
Zip		Country		FL	
City & State		City & State		Zip Code	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM TALLAHASSEE MEMORIAL HEALTH VENTURES, INC. 1401 CENTERVILLE ROAD, SUITE 210 TALLAHASSEE, FL 32308	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	300075294953 05/26/06--01003--006 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	200075294953 04/25/06--01003--006 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: 		William A. Giudice		Date: 4/5/06	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone # 850-431-5238	