2006 LIMITED PARTNERSHIP ANNUAL REPORT Due By May 1, 2006

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DOCUMENT # B9400000139 1. Entity Name TAMPA PAIN MANAGEMENT CENTER, L.P., LTD.					FILED 06 MAY 16 AM 11:31		
Principal Plac	e of Business	Mailing Address					
5013 N. ARMENIA AVE. TAMPA, FL 33603		P.O. BOX 380546 Birmingham, AL 35238		SESA! IALLA	HALT OF STATE HASSEELE CORTUA		
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04282006 Chg-LP	CR2E003 (11/05)	
City & State		City & State		4. FEI Number 62-1581815	Applied For Not Applicat		
Zip	Country	Zip Country			5. Certificate of Status Desired	\$8.75 Additional	
6. Name and Address of Current Registered Agent					7. Name and Address of New		
CT CORP	CT CORPORATION SYSTEM				Name		
│ % CT COF	RPORATION SYSTEM		Street	Street Address (P.O. Box Number is Not Acceptable)			
1200 S. PINE ISLAND ROAD PLANTATION, FL 33324							
			City			Zip Code	
8. The above the obligat	named entity submits this stateme tions of registered agent.	nt for the purpose of changing its	registered office	or register	red agent, or both, in the State of FI	orida. Lam familiar with, and accept 48206	
SIGNATURE	Signature, typed or orinted name of registered a	agent and title if applicable			06/01/0601039-	UU1 **269UU_00	
	FILE-N	IOWIII_FEE;IS;\$500:00).00	· -			
	A GENERAL PARTNE	R THAT IS A BUSINESS EN	TITY MUST B	E REGIS	TERED AND ACTIVE WITH TH	IIS OFFICE.	
NOTE: General Partners MAY NOT be changed on the form; 12. GENERAL PARTNER INFORMATION 13.				nenamer	ADDRESS CH		
DOCUMENT #	OCCUMENT / A29512 WME TAMPA OUTPATIENT SURGERY JOINT VENTURE LTD			s		<u> </u>	
STREET ADDRESS CITY+ST-ZIP	ADDRESS ONE HEALTHSOUTH PKWY.						
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP		·		
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NAME STREET ADDRESS CITY-ST-ZIP			CITY-ST-ZIP	-		<u>.</u>	
14. I hereby	certify that the information supplied to the certify that the information supplied to the certific that the certific tha	and that my signature shall have I	iba same lanal e	ttect as if r	made under oath: that I am a Gener	further certify that the information at Partner of the limited partnership	
SIGNAT	TURE: SIGNATURE AND TYP	ED OR PRINTED NAME OF SIGNING GENERA	AL PARTNER		Case	Dayone Prone e	
·							