2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2004
Secretary of State

DOCUMENT# L00000009964

Entity Name: FLA MEDICAL PAIN RELIEF CENTER, LLC

Current Principal Place of Business:

625 S. STATE ROAD 7
HOLLYWOOD, FL 33023

New Principal Place of Business:

Current Mailing Address:

625 S. STATE ROAD 7
HOLLYWOOD, FL 33023

New Mailing Address:

FEI Number: 65-1031192 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHECHTMAN, JENNIFER L CPA
9050 PINE BLVD. STE 205
PEMBROKE PINES, FL 33024 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR ( ) Delete
Name: SANTAMARIA, CHARLA
Address: 1441 CAPRI LANE UNIT 5805
City-St-Zip: WESTON, FL 33326

Title: MGR ( ) Delete
Name: DUBRAVETZ, JERRY
Address: 5779 WASHINGTON ST. APT N-1
City-St-Zip: HOLLYWOOD, FL 33023

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: JERRY DUBRAVETZ MGR 01/15/2004

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date