

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000009964

FILED
Apr 28, 2006
Secretary of State

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:

6363 TAFT STREET SUITE 300A
HOLLYWOOD, FL 33024

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:

DUBRAVETZ, JERRY
5779 WASHINGTON STREET
N-1
HOLLYWOOD, FL 33023 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/MANAGERS:

Title: MGRM () Delete
Name: PAIN CENTERS MANAGEM, ENT CO., INC.
Address: 6363 TAFT STREET #300A
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM () Delete
Name: DUBRAVETZ, JERRY
Address: 6363 TAFT STREET #300A
City-St-Zip: HOLLYWOOD, FL 33024

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 Chapter 119, 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: DUBRAVETZJERRY

MGRM

04/28/2006

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