2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 27, 2009
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:

6363 TAFT STREET SUITE 300A
HOLLYWOOD, FL 33024

New Mailing Address:

6365 TAFT STREET SUITE 1004
HOLLYWOOD, FL 33024

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: MGRM (X) Change ( ) Addition
Name: PAIN CENTERS MANAGEM, ENT CO., INC.
Address: 6365 TAFT STREET #1004
City-St-Zip: HOLLYWOOD, FL 33024

Title: MGRM (X) Change ( ) Addition
Name: DUBRAVETZ, JERRY
Address: 6365 TAFT STREET #1004
City-St-Zip: HOLLYWOOD, FL 33024

I hereby certify that the information supplied with this filing does not qualify 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: JERRY DUBRAVETZ MGRM 02/27/2009

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