

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014014

FILED  
Jan 15, 2004  
Secretary of State

**Entity Name:** SOUTH FLORIDA MEDICAL PAIN RELIEF CENTER, LLC

**Current Principal Place of Business:**

4473 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**New Principal Place of Business:**

**Current Mailing Address:**

4473 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319

**New Mailing Address:**

6363 TAFT STREET  
SUITE 300 A  
HOLLYWOOD, FL 33024

FEI Number: 65-1132665

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SCHECHTMAN, JENNIFER L CPA  
9050 PINES BLVD., SUITE 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: 4473 NORTH STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

Title: MGR ( ) Delete  
Name: DUBRAVETZ, JERRY  
Address: 4473 NORTH STATE ROAD 7  
City-St-Zip: LAUDERDALE LAKES, FL 33319

**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