

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000014014

FILED
Feb 02, 2005
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:

6363 TAFT STREET
SUITE 300 A
HOLLYWOOD, FL 33024

New Mailing Address:

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:

DUBRAVETZ, JERRY
6363 TAFT STREET, SUITE #300A
HOLLYWOOD, FL 33024 US

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: JERRY DUBRAVETZ

02/02/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

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

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

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DUBRAVETZ, JERRY
Address: 6363 TAFT STREET, SUITE 300A
City-St-Zip: HOLLYWOOD, FL 33024

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

MGRM

02/02/2005

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