2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007
Secretary of State

DOCUMENT# L01000014014

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:

DUBRAVETZ, JERRY
6363 TAFT STREET, SUITE #300A
HOLLYWOOD, 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/MANAGERS:

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

ADDITIONS/CHANGES:

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: JERRY DUBRAVETZ MR 01/16/2007

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