

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016041

FILED
Apr 21, 2005
Secretary of State

Entity Name: COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

458 STATE ROAD 7, #201
ROYAL PALM BEACH, FL 33411

New Principal Place of Business:

440 STATE ROAD 7, #107
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

458 STATE ROAD 7, #201
ROYAL PALM BEACH, FL 33411

New Mailing Address:

440 STATE ROAD 7, #107
ROYAL PALM BEACH, FL 33411

FEI Number: 65-1139535

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH, FL 33401 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: GOLDFARB, HOWELL R
Address: 458 STATE ROAD 7
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM () Delete
Name: HINDIN, BRUCE
Address: 458 STATE ROAD 7
City-St-Zip: ROYAL PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: GOLDFARB, HOWELL R
Address: 440 STATE ROAD 7 SUITE 107
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM (X) Change () Addition
Name: HINDIN, BRUCE
Address: 440 STATE ROAD 7 SUITE107
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: HOWELL R GOLDFARB

MGR

04/21/2005

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