

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016041

FILED  
Jan 12, 2009  
Secretary of State

Entity Name: COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

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

**New Mailing Address:**

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/MANAGERS:**

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

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

Title: MGRM ( ) Delete  
Name: DIETRICK, KEITH  
Address: 440 STATE ROAD 7 SUITE 107  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: MGRM ( ) Delete  
Name: PORRATA, HUMBERTO  
Address: 440 STATE ROAD 7 SUITE 107  
City-St-Zip: ROYAL PALM BEACH, FL 33411

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGRM ( ) Change (X) Addition  
Name: PORRATA, ALEJANDRO  
Address: 440 STATE ROAD 7 SUITE 107  
City-St-Zip: ROYAL PALM BEACH, FL 33411

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: ZOILA HERNANDEZ

PADM

01/12/2009

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