

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016041

FILED
Mar 01, 2010
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:

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

Current Mailing Address:

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

New Mailing Address:

440 STATE ROAD 7
SUITE 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/MANAGERS:

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

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

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

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

Title: MGRM
Name: PORRATA, ALEJANDRO A
Address: 440 STATE ROAD 7 SUITE 107
City-St-Zip: ROYAL PALM BEACH, FL 33411

I hereby 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

MGRM

03/01/2010

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