

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2003 8:00 am
Secretary of State

04-17-2003 90028 007 ****50.00

DOCUMENT # L01000016041

1. Entity Name

COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-1139535**

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**GERSON, GARY N
1645 PALM BEACH LAKES BLVD., SUITE 1200
WEST PALM BEACH FL 33401**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	P	<input type="checkbox"/> Delete
NAME	GOYERNAB, HOWELL R	
STREET ADDRESS	458 STAT ROAD 7	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE	VP	<input type="checkbox"/> Delete
NAME	ANYDEN, BRUCE L	
STREET ADDRESS	458 STAT ROAD 7	
CITY-ST-ZIP	ROYAL PALM BEACH FL 33411	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDFARB, HOWELL R	
STREET ADDRESS	458 STATE ROAD 7	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINDIN, BRUCE	
STREET ADDRESS	458 STATE ROAD 7	
CITY-ST-ZIP	ROYAL PALM BEACH, FL 33411	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify 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 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 Goyernab

4/8/03 561-795-8655

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (10/02)