

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000056487

FILED
Jul 22, 2004
Secretary of State

Entity Name: PREMIER PAIN CARE, P.L.

Current Principal Place of Business:

4900 S.W. 91ST AVE.
MIAMI, FL 33161

New Principal Place of Business:

5975 SW 72 STREET
804
MIAMI, FL 33143

Current Mailing Address:

4900 S.W. 91ST AVE.
MIAMI, FL 33161

New Mailing Address:

5975 SW 72 STREET
804
MIAMI, FL 33143

FEI Number: 73-1690734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

IRWIN M. FROST, P.A.
1111 BRICKELL AVE.
SUITE 2050
MIAMI, FL 33131 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: MGRM () Delete
Name: EMILIO SUAREZ, D.O., P.A.
Address: 4900 S.W. 91ST AVE.
City-St-Zip: MIAMI, FL 33161

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: EMILIO SUAREZ, D.O., P.A.
Address: 5975 SW 72 STREET
City-St-Zip: MIAMI, FL 33143

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: EMILIO SUAREZ

MGMR

07/22/2004

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