

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000019693

Entity Name: LIFE WITHOUT PAIN, LLC

FILED
Mar 07, 2008
Secretary of State

Current Principal Place of Business:

2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 20-0850786

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWMAN, IRWIN J
2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308 US

Name and Address of New Registered Agent:

HOLDEN, MICHAEL B ESQ.
2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308 US

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: MICHAEL HOLDEN

03/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LIFE WITHOUT PAIN MA, NAGEMENT, INC.
Address: 2400 E. COMMERCIAL BLVD., SUITE 500
City-St-Zip: FT. LAUDERDALE, FL 33308

Title: C () Delete
Name: FREEDMAN, IRVIN
Address: 2400 E. COMMERCIAL BLVD., STE 500
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: P () Delete
Name: NEWMAN, IRWIN J
Address: 2400 E. COMMERCIAL BLVD., STE 500
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: VC (X) Delete
Name: FREEDMAN, STEVEN B
Address: 2400 E. COMMERCIAL BLVD., STE 500
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

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

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

Title: VC (X) Change () Addition
Name: FREEDMAN, STEVEN B
Address: 2400 E. COMMERCIAL BLVD., STE 500
City-St-Zip: FORT LAUDERDALE, FL 33308

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

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: IRVIN FREEDMAN

C

03/07/2008

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