

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022585

FILED
Jan 18, 2006
Secretary of State

Entity Name: PAIN MANAGEMENT CLINIC, LLC

Current Principal Place of Business:

3481 N. ANDREWS AVE.
OAKLAND PARK, FL 33309 US

New Principal Place of Business:

1815 EAST COMMERCIAL BOULEVARD
102
FORT LAUDERDALE, FL 33308 US

Current Mailing Address:

1000 PARK VIEW DRIVE
UNIT 512
HALLANDALE, FL 33009 US

New Mailing Address:

FEI Number: 20-0924867 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SULKIN, FATIMA
1000 PARKVIEW DRIVE
512
HALLANDALE, FL 33009 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: MGRM () Delete
Name: SULKIN, VALERY MD
Address: 1000 PARK VIEW DRIVE, UNIT 512
City-St-Zip: HALLANDALE, FL 33009 US

ADDITIONS/CHANGES:

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

I hereby certify that the information supplied with this filing does not qualify for the 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: VALERY SULKIN

M.D.

01/18/2006

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