2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2006
Secretary of State

DOCUMENT# L04000028808

Entity Name: ORLANDO PAIN & MEDICAL REHABILITATION CENTER, MW, LLC

Current Principal Place of Business:

1768 PARK CENTER DR. SUITE 200
ORLANDO, FL 32835

New Principal Place of Business:

Current Mailing Address:

1768 PARK CENTER DR. SUITE 200
ORLANDO, FL 32835

New Mailing Address:

FEI Number: 06-1722639 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BURNS, STEVEN C
1768 PARK CENTER DR. SUITE 200
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

BURNS, STEVEN C
100 DETMAR DR
WINTER PARK, FL 32789 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: STEVEN BURNS 04/30/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: LAJOIE, MARILYN M.D.
Address: 1768 PARK CENTER DR. SUITE 200
City-St-Zip: ORLANDO, FL 32835

Title: PRES ( ) Delete
Name: BURNS, STEVEN C
Address: 1768 PARK CENTER DR. SUITE 200
City-St-Zip: ORLANDO, FL 32835

Title: VP ( ) Delete
Name: LAJOIE, M.D., MARILYN
Address: 1768 PARK CENTER DR. SUITE 200
City-St-Zip: ORLANDO, FL 32835

ADDITIONS/CHANGES:

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

Title: PRES (X) Change ( ) Addition
Name: BURNS, STEVEN C
Address: 100 DETMAR DRIVE
City-St-Zip: WINTER PARK, FL 32789

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: STEVEN BURNS PRES 04/30/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date