

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000028808

FILED  
Apr 24, 2007  
Secretary of State

**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:**

8133 CANYON LAKE CIRCLE  
ORLANDO, FL 32835

**Current Mailing Address:**

1768 PARK CENTER DR. SUITE 200  
ORLANDO, FL 32835

**New Mailing Address:**

8133 CANYON LAKE CIRCLE  
ORLANDO, FL 32835

**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  
100 DETMAR DR  
WINTER PARK, FL 32789 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: 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: 100 DETMAR DRIVE  
City-St-Zip: WINTER PARK, FL 32789

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

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: WYNNE, F  
Address: 8133 CANYON LAKE CIRCLE  
City-St-Zip: ORLANDO, FL 32835

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

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: RALPH PORTO

MGR

04/24/2007

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