

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000033491

FILED
Apr 28, 2005
Secretary of State

Entity Name: HEADACHE PHYSICIANS MANAGEMENT, LLC

Current Principal Place of Business:

4613 N. UNIVERSITY DR.
#280
CORAL SPRINGS, FL 33067

New Principal Place of Business:

Current Mailing Address:

4613 N. UNIVERSITY DR.
#280
CORAL SPRINGS, FL 33067

New Mailing Address:

FEI Number: 59-3799734

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROPPOLO, WILLIAM V
404 WASHINGTON AVENUE
SUITE 750
MIAMI BEACH, FL 33139 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: MGR () Delete
Name: CACHO, JOSE
Address: 4613 N. UNIVERSITY DR. #280
City-St-Zip: CORAL SPRINGS,, FL 33067

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

Title: MGR () Change (X) Addition
Name: STEPHENS, LASCELLES
Address: 4613 N. UNIVERSITY DR.
City-St-Zip: CORAL SPRINGS, FL 33067

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: JOSE CACHO

MGR

04/28/2005

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