2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2006
Secretary of State

DOCUMENT# L04000055530

Entity Name: PAIN CARE OF CLEARWATER, LLC

Current Principal Place of Business:

13555 AUTOMOBILE BLVD
SUITE 400
CLEARWATER, FL 33764

New Principal Place of Business:

Current Mailing Address:

13555 AUTOMOBILE BLVD
SUITE 400
CLEARWATER, FL 33764

New Mailing Address:

FEI Number: 20-1420172 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SMITH, KATHERINE L ESQ
ICARD, MERRILL, CULLIS, TIMM, ET AL
2033 MAIN STREET, STE. 600
SARASOTA, FL 34237 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: MM ( ) Delete
Name: PAIN CARE OF CLEARWA, TER, INC.
Address: 4931 80TH AVE. CIR. E
City-St-Zip: SARASOTA, FL 34243

ADDITIONS/CHANGES:

Title: MM (X) Change ( ) Addition
Name: PAIN CARE OF CLEARWA, TER, INC.
Address: 5705 90TH AVENUE CIR E
City-St-Zip: PARRISH, FL 34219

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: KENNETH T. LESTER, JR. DO 04/28/2006

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