

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077034

Entity Name: LASER PAIN CENTER L.L.C.

FILED
May 02, 2005
Secretary of State

Current Principal Place of Business:

7491 NORTH FEDERAL HIGHWAY
SUITE C16
BOCA RATON, FL 33487

New Principal Place of Business:

Current Mailing Address:

127 BAREFOOT COVE
LANTANA, FL 33462

New Mailing Address:

FEI Number: 11-3729294 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

ADAMS, JOELL C
127 BAREFOOT COVE
LANTANA, FL 33462 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: FRIEDMAN, DEREK M
Address: 2557 NORTH CORAL TRACE CIRCLE
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR () Delete
Name: ADAMS, JOELL C
Address: 127 BAREFOOT COVE
City-St-Zip: LANTANA, FL 33462

ADDITIONS/CHANGES:

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 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: JOELL C ADAMS

MGR

05/02/2005

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