

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077034

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

FILED  
Jan 08, 2006  
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 ( )

**Name and Address of Current Registered Agent:**

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

MGR

01/08/2006

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