2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2007
Secretary of State

DOCUMENT# L04000077034

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

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 03/18/2007

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