## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000077034

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

FILED Mar 10, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

7491 NORTH FEDERAL HIGHWAY SUITE C16 BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

127 BAREFOOT COVE 4300 N OCEAN BLVD LANTANA, FL 33462 3

DELRAY BEACH, FL 33483 US

FEI Number: 11-3729294 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

ADAMS, JOELL C
127 BAREFOOT COVE
LANTANA, FL 33462 US

ADAMS, JOELL C
4300 N OCEAN BLVD
3

DELRAY BEACH, FL 33483 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: JOELL C ADAMS 03/10/2008

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: ( ) Change ( ) Addition

 Name:
 FRIEDMAN, DEREK M
 Name:

 Address:
 2557 NORTH CORAL TRACE CIRCLE
 Address:

 City-St-Zip:
 DELRAY BEACH, FL 33445
 City-St-Zip:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name:ADAMS, JOELL CName:ADAMS, JOELL CAddress:127 BAREFOOT COVEAddress:4300 N OCEAN BLVD #3City-St-Zip:LANTANA, FL 33462City-St-Zip:DELRAY BEACH, FL 33483

I hereby certify that the information supplied with this filing does not qualify 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 MEM 03/10/2008