

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001618

FILED  
Feb 08, 2006  
Secretary of State

**Entity Name:** HOLLYWOOD PAIN MANAGEMENT CENTER

**Current Principal Place of Business:**

6067 HOLLYWOOD BLVD  
320  
HOLLYWOOD, FL 33024

**New Principal Place of Business:**

2464 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

P. O. BOX 562966  
MIAMI, FL 33256

**New Mailing Address:**

2464 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**FEI Number:** 72-1591721

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEL VALLE, ALBERTO  
7801 SW 24 STREET  
102  
MIAMI, FL 33155 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: OSSORIO, JOSEPH  
Address: 7801 SW 24 STREET  
City-St-Zip: MIAMI, FL 33155

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: EARDLEY, ROBERT J  
Address: 2464 N UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

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: ROBERT J. EARDLEY

MGR

02/08/2006

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