

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001618

**FILED**  
**Apr 13, 2007**  
**Secretary of State**

**Entity Name:** HOLLYWOOD PAIN MANAGEMENT CENTER

**Current Principal Place of Business:**

2464 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Principal Place of Business:**

**Current Mailing Address:**

2464 N. UNIVERSITY DRIVE  
PEMBROKE PINES, FL 33024

**New Mailing Address:**

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: EARDLEY, ROBERT J  
Address: 2464 N UNIVERSITY DRIVE  
City-St-Zip: PEMBROKE PINES, FL 33024

**ADDITIONS/CHANGES:**

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: ROBERT J EARDLEY

MGR

04/13/2007

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