

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001618

FILED  
May 01, 2009  
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 ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**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:**

GRANT & ASSOCIATES  
601 NORTH CONGRESS AVENUE  
425  
DELRAY BEACH, FL 33445 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: FRED GRANT

05/01/2009

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 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

05/01/2009

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