2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030531

Entity Name: OMEGA PAIN MANAGEMENT CENTER, LLC

FILED Apr 28, 2006 Secretary of State

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

8908 N 56TH ST 4922 E WHITEWAY DR TEMPLE TERRACE, FL 33617 TAMPA, FL 33617

Current Mailing Address: New Mailing Address:

8908 N 56TH ST 4922 E WHITEWAY DR TEMPLE TERRACE, FL 33617 TAMPA, FL 33617

FEI Number: 20-2573956 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:

MONTILLA, EARNESTO S
4922 WHITEWAY DR.
TEMPLE TERRACE, FL 33617 US
MONTILLA, EARNESTO S
4922 E. WHITEWAY DR.
TAMPA, FL 33617 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: EARNESTO MONTILLA 04/28/2006

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

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

 Name:
 MONTILLA, EARNESTO S
 Name:
 MONTILLA, EARNESTO S

 Address:
 4922 WHITEWAY DR
 Address:
 4922 WHITEWAY DR

 City-St-Zip:
 TEMPLE TERRACE, FL 33617
 City-St-Zip:
 TAMPA, FL 33617

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: EARNESTO MONTILLA MGMR 04/28/2006