

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L05000037432

FILED
Dec 04, 2006
Secretary of State

Entity Name: FT. LAUDERDALE PAIN MANAGEMENT CENTER, LLC

Current Principal Place of Business:

6363 TAFT STREET
SUITE 300A
HOLLYWOOD, FL 33024

New Principal Place of Business:

5779 WASHINGTON STREET
N-1
HOLLYWOOD, FL 33023

Current Mailing Address:

6363 TAFT STREET
SUITE 300A
HOLLYWOOD, FL 33024

New Mailing Address:

5779 WASHINGTON STREET
N-1
HOLLYWOOD, FL 33023

FEI Number: 20-2694190

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SANTAMARIA, CHARLA
5700 NW 50 STREET
CORAL SPRINGS, FL 33067 US

Name and Address of New Registered Agent:

SANTAMARIA, CHARLA
5779 WASHINGTON STREET
N-1
HOLLYWOOD, FL 33023 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: CHARLA SANTAMARIA

12/04/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SANTAMARIA, CHARLA
Address: 5700 NW 50 STREET
City-St-Zip: CORAL SPRINGS, FL 33067 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SANTAMARIA, CHARLA
Address: 5779 WASHINGTON STREET, N-1
City-St-Zip: HOLLYWOOD, FL 33023 US

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: CHARLA SANTAMARIA

MGR

12/04/2006

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