

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000065542

Entity Name: MED-LIGHT, LLC

FILED
Apr 25, 2006
Secretary of State

Current Principal Place of Business:

1600 S. FEDERAL HIGHWAY
SUITE 350
POMPANO BEACH, FL 33062

Current Mailing Address:

1600 S. FEDERAL HIGHWAY
SUITE 350
POMPANO BEACH, FL 33062

New Principal Place of Business:

2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308

New Mailing Address:

2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308

FEI Number: 20-3172683

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POLLOCK, KENNETH S ESQ
2424 N. FEDERAL HIGHWAY
SUITE 411
BOCA RATON, FL 33431 US

Name and Address of New Registered Agent:

POLLOCK, KENNETH S
2400 E. COMMERCIAL BLVD.
SUITE 500
FT. LAUDERDALE, FL 33308 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: KENNETH S. POLLOCK

04/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: NEWMAN, IRWIN J
Address: 1600 S. FEDERAL HIGHWAY, SUITE 350
City-St-Zip: POMPANO BEACH, FL 33062

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: LIFE WITHOUT PAIN MA, NAGEMENT, INC.
Address: 2400 E. COMMERCIAL BLVD., SUITE 500
City-St-Zip: FT. LAUDERDALE, FL 33308

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: IRWIN J. NEWMAN

D

04/25/2006

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