# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 25, 2006**
**Secretary of State**

DOCUMENT# L05000085604

**Entity Name:** INTEGRATED PAIN CARE, LTD. CO.

**Current Principal Place of Business:**

15751 SHERIDAN ST
#306
FT. LAUDERDALE, FL 33331

**New Principal Place of Business:**

**Current Mailing Address:**

15751 SHERIDAN ST
#306
FT. LAUDERDALE, FL 33331

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

LIN, JENNIFER
15751 SHERIDAN ST
#306
FT. LAUDERDALE, FL 33331 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: LIN, JENNIFER
Address: 15751 SHERIDAN ST , #306
City-St-Zip: FT. LAUDERDALE, FL 33331

**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: JENNIFERLIN MGR 01/25/2006

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