2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000086331

Title:

Name:

Address:

City-St-Zip:

MGRM

() Delete

MARTINEZ, RICARDO L MD

17166 GULF PINE CIRCLE

WELLINGTON, FL 33414

Entity Name: PAIN MANAGEMENT OF PALM BEACH, LLC

FILED Apr 28, 2006 Secretary of State

() Change () Addition

Current Principal Place of Business: New Principal Place of Business: 17166 GULF PINE CIRCLE WELLINGTON, FL 33414 **Current Mailing Address: New Mailing Address:** 17166 GULF PINE CIRCLE WELLINGTON, FL 33414 FEI Number: 20-3397718 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: CORPORATE CREATIONS NETWORK, INC. GOLDFINGER, DAVID 11380 PROSPERITY FARMS ROAD #221E 17166 GULF PINE CIRCLE PALM BEACH GARDENS, FL 33410 WELLINGTON, FL 33414 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: DAVID GOLDFINGER 04/28/2006 Electronic Signature of Registered Agent Date MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete GOLDFINGER, DAVID MD Name: Name: Address: 17166 GULF PINE CIRCLE Address: City-St-Zip: WELLINGTON, FL 33414 City-St-Zip:

Title:

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: DAVID GOLDFINGER MGRM 04/28/2006