

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000120779

FILED
May 05, 2006
Secretary of State

Entity Name: PAIN CARE PHYSICIAN HOLDINGS, L.L.C.

Current Principal Place of Business:

7154 NORTH UNIVERSITY DRIVE SUITE 316
TAMARAC, FL 33321

New Principal Place of Business:

Current Mailing Address:

7154 NORTH UNIVERSITY DRIVE SUITE 316
TAMARAC, FL 33321

New Mailing Address:

FEI Number: 20-3991564 **FEI Number Applied For** () **FEI Number Not Applicable** () **Certificate of Status Desired** ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

COEL, MARK A ESQ.
COEL & WARREN, P.L.
1900 GLADES ROAD, SUITE 350
BOCA RATON, FL 33431 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOX, IRA MD
Address: 7154 NORTH UNIVERSITY DRIVE SUITE 316
City-St-Zip: TAMARAC, FL 33321

Title: MGRM () Delete
Name: LASNER, JAY MD
Address: 7154 NORTH UNIVERSITY DRIVE SUITE 316
City-St-Zip: TAMARAC, FL 33321

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: JAY LASNER

MGRM

05/05/2006

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