

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122143

FILED
Apr 28, 2006
Secretary of State

Entity Name: PALM BEACH BRAIN & SPINE, LLC

Current Principal Place of Business:

4631 N. CONGRESS AVE., STE. 202/110
WEST PALM BCH, FL 33407

New Principal Place of Business:

4631 N. CONGRESS AVE., STE. 202
WEST PALM BCH, FL 33407

Current Mailing Address:

4631 N. CONGRESS AVE., STE. 202/110
WEST PALM BCH, FL 33407

New Mailing Address:

4631 N. CONGRESS AVE., STE. 202
WEST PALM BCH, FL 33407

FEI Number: 03-0577493

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BRADEN, LISA
4623 FOREST HILL BLVD., STE. 111
WEST PALM BCH, FL 33415 US

Name and Address of New Registered Agent:

MENDEZ, KAREN
4631 N. CONGRESS AVE., #202
WEST PALM BCH, FL 33407 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: KAREN MENDEZ

04/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: DARE', AMOS M.D.
Address: 651 OKEECHOBEE BLVD, APT 810
City-St-Zip: WEST PALM BCH, FL 33401

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: AMOS DARE

MGR

04/28/2006

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