2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122143

in the State of Florida.

Entity Name: PALM BEACH BRAIN & SPINE, LLC

FILED Jan 08, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

4631 N. CONGRESS AVE., STE. 202 10115 FOREST HILL BLVD. WEST PALM BCH, FL 33407 SUITE #405

WELLINGTON, FL 33414

Current Mailing Address: New Mailing Address:

4631 N. CONGRESS AVE., STE. 202
WEST PALM BCH, FL 33407
SUITE #405
WELLINGTON, FL 33414

FEI Number: 03-0577493 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:

MENDEZ, KAREN

4631 N. CONGRESS AVE., #202

WEST PALM BCH, FL 33407 US

SUITE #405

WELLINGTON, FL 33414 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

SIGNATURE: SARAH GONZALEZ 01/08/2007

E: SARAH GONZALEZ 01/08/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR () Delete Title: MGR (X) Change () Addition

 Name:
 DARE', AMOS M.D.
 Name:
 DARE', AMOS O M.D.

 Address:
 651 OKEECHOBEE BLVD, APT 810
 Address:
 651 OKEECHOBEE BLVD, APT 810

 City-St-Zip:
 WEST PALM BCH, FL 33401
 City-St-Zip:
 WEST PALM BCH, FL 33401

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 O. DARE, M.D. MGR 01/08/2007