2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 14, 2008
Secretary of State

DOCUMENT# L05000122143

Entity Name: PALM BEACH BRAIN & SPINE, LLC

Current Principal Place of Business:

10115 FOREST HILL BLVD.
SUITE #405
WELLINGTON, FL 33414

New Principal Place of Business:

1397 MEDICAL PARK BLVD
SUITE 400
WELLINGTON, FL 33414

Current Mailing Address:

10115 FOREST HILL BLVD.
SUITE #405
WELLINGTON, FL 33414

New Mailing Address:

1397 MEDICAL PARK BLVD
SUITE 400
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:

GONZALEZ, SARAH
10115 FOREST HILL BLVD.
SUITE #405
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

GONZALEZ, SARAH
1397 MEDICAL PARK BLVD.
SUITE 400
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: 01/14/2008
Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: DARE', AMOS O 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 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 DR. 01/14/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date