2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# L06000000306

Entity Name: SPINE & PAIN AMBULATORY SURGICAL CENTER, LLC

Current Principal Place of Business:

4801 S. CONGRESS AVE., STE. 201
LAKE WORTH, FL 33461

New Principal Place of Business:

2290 TENTH AVE NORTH
600
LAKE WORTH, FL 33461

Current Mailing Address:

4801 S. CONGRESS AVE., STE. 201
LAKE WORTH, FL 33461

New Mailing Address:

2290 TENTH AVE NORTH
600
LAKE WORTH, FL 33461

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KATZ, MARTIN V
625 N. FLAGER DR., 9TH FLOOR
WEST PALM BEACH, FL FL33401 US

Name and Address of New Registered Agent:

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: P ( ) Delete
Name: GORFINE, LAWRENCE
Address: 4801 S CONGRESS AVE
City-St-Zip: LAKE WORTH, FL 33461

ADDITIONS/CHANGES:

Title: P (X) Change ( ) Addition
Name: GORFINE, LAWRENCE
Address: 2290 TENTH AVE NORTH
City-St-Zip: LAKE WORTH, FL 33461

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: LAWRENCE GORFINE P 01/15/2007

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