

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000025522

FILED
Jan 31, 2007
Secretary of State

Entity Name: PALM BEACH PAIN MANAGEMENT CENTER, LLC

Current Principal Place of Business:

6363 TAFT STREET
SUITE 300A
HOLLYWOOD, FL 33024 US

New Principal Place of Business:

6076 OKEECHOBEE BLVD.
#53-54
WEST PALM BEACH, FL 33417 US

Current Mailing Address:

6363 TAFT STREET
SUITE 300A
HOLLYWOOD, FL 33024 US

New Mailing Address:

FEI Number: 20-4473910 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DUBRAVETZ, JERRY
6363 TAFT STREET
SUITE 300A
HOLLYWOOD, FL 33024 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: MGRM () Delete
Name: DUBRAVETZ, JERRY
Address: 6363 TAFT STREET, SUITE 300A
City-St-Zip: HOLLYWOOD, FL 33024 US

Title: MGRM () Delete
Name: ROCHA, JOSE R
Address: 6363 TAFT STREET, SUITE 300A
City-St-Zip: HOLLYWOOD, FL 33024 US

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: JERRY DUBRAVETZ MGRM 01/31/2007

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