

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000058825

**FILED**  
**Apr 27, 2007**  
**Secretary of State**

**Entity Name:** PAIN MANAGEMENT PHYSICIANS OF SOUTH FLORIDA, P.L.

**Current Principal Place of Business:**

6295 NW 96 TERRACE  
PARKLAND, FL 33076 US

**New Principal Place of Business:**

**Current Mailing Address:**

6295 NW 96 TERRACE  
PARKLAND, FL 33076 US

**New Mailing Address:**

**FEI Number:** 20-5015243

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ARIE MREJEN, P.A.  
701 W CYPRESS CREEK RD  
SUITE 302  
FORT LAUDERDALE, FL 33309 US

**Name and Address of New Registered Agent:**

GOLDBERG, ANDREW  
6295 NW 96 TERRACE  
PARKLAND, FL 33076 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: ANDREW GOLDBERG

04/27/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: GOLDBERG, ANDREW J  
Address: 6295 NW 96 TERRACE  
City-St-Zip: PARKLAND, FL 33076 US

Title: MGRM ( ) Delete  
Name: WACHSMAN, SETH C  
Address: 7146 NW 127 WAY  
City-St-Zip: PARKLAND, FL 33076 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 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: ANDREW GOLDBERG

MGR

04/27/2007

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