

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000058825

**FILED**  
**Mar 28, 2010**  
**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:**

GOLDBERG, ANDREW  
6295 NW 96 TERRACE  
PARKLAND, FL 33076 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  
**Name:** GOLDBERG, ANDREW J  
**Address:** 6295 NW 96 TERRACE  
**City-St-Zip:** PARKLAND, FL 33076 US

**Title:** MGRM  
**Name:** WACHSMAN, SETH C  
**Address:** 7146 NW 127 WAY  
**City-St-Zip:** PARKLAND, FL 33076 US

I hereby 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

MGRM

03/28/2010

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