2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 18, 2007
Secretary of State

DOCUMENT# L06000083622

Entity Name: PAIN AND REHABILITATION NETWORK, LLC

Current Principal Place of Business:

1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801

New Principal Place of Business:

Current Mailing Address:

1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801

New Mailing Address:

FEI Number: 59-3485072 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SIEGEL, NOELLE
1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801 US

Name and Address of New Registered Agent:

MEYER, ALBERT R
1030 NORTH ORANGE AVE., SUITE 105
ORLANDO, FL 32801 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: S//ALBERT R. MEYER 04/18/2007
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MRGM ( ) Change (X) Addition
Name: PAINCARE ACQUISITION, CO. II, INC.
Address: 1030 N. ORANGE AVENUE, SUITE 105
City-St-Zip: ORLANDO, FL 32801

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: S//RANDY LUBINSKY MGR 04/18/2007
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date