

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000087123

**FILED**  
**Jan 15, 2007**  
**Secretary of State**

**Entity Name:** PORT ST. LUCIE PAIN MANAGEMENT, PLLC

**Current Principal Place of Business:**

8241 SOUTH US1  
PORT ST. LUCIE, FL 34952 US

**New Principal Place of Business:**

**Current Mailing Address:**

3618 LANTANA ROAD  
SUITE 200  
LAKE WORTH, FL 33462 US

**New Mailing Address:**

**FEI Number:** 20-5665242      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

BERGER, C. WILLIAM ESQ  
2255 GLADES RD  
SUITE 337W  
BOCA RATON, FL 33431 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:** MGR      ( ) Delete  
**Name:** ROGERS, ANTHONY G M.D.  
**Address:** 3818 LANTANA ROAD  
**City-St-Zip:** LAKE WORTH, FL 33462 US

**ADDITIONS/CHANGES:**

**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:** ANTHONY G ROGERS MD

MGR

01/15/2007

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