

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000095363

FILED
Jun 22, 2009
Secretary of State

Entity Name: AMERICARE PAIN MANAGEMENT, LLC

Current Principal Place of Business:

7015 BERA CASA WAY
103
BOCA RATON, FL 33433 US

Current Mailing Address:

7015 BERA CASA WAY
103
BOCA RATON, FL 33433 US

New Principal Place of Business:

7015 BERACASA WAY
103
BOCA RATON, FL 33433 US

New Mailing Address:

7015 BERACASA WAY
103
BOCA RATON, FL 33433 US

FEI Number: 20-5671006 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ROSENBERG, MICHAEL D
7015 BERA CASA WAY
103
BOCA RATON, FL 33433 US

Name and Address of New Registered Agent:

ROSENBERG, MICHAEL D
7015 BERACASA WAY
103
BOCA RATON, FL 33433 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:

06/22/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: ROSENBERG, MICHAEL D
Address: 7015 BERA CASA WAY, # 103
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM () Delete
Name: GOTTLIEB, BRUCE
Address: 7015 BERA CASA WAY, # 103
City-St-Zip: BOCA RATON, FL 33433 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: ROSENBERG, MICHAEL D
Address: 7015 BERACASA WAY, # 103
City-St-Zip: BOCA RATON, FL 33433 US

Title: MGRM (X) Change () Addition
Name: GOTTLIEB, BRUCE
Address: 7015 BERACASA WAY, # 103
City-St-Zip: BOCA RATON, FL 33433 US

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: MICHAEL ROSENBERG DC

MGRM

06/22/2009

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