2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098512

Entity Name: BOCA EAST PAIN MANAGEMNET, LLC

FILED Feb 17, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

2910 JOG ROAD 5800 N FEDERAL HWY #4 LAKE WORTH, FL 33467 BOCA RATON, FL 33487

Current Mailing Address: New Mailing Address:

2910 JOG ROAD 5800 N FEDERAL HWY #4 LAKE WORTH, FL 33467 BOCA RATON, FL 33487

FEI Number: 20-5681416 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

BATTAGLIOLA, HENRY J
2910 JOG ROAD
5800 N. FEDERAL HWY #4
LAKE WORTH, FL 33467 US
BATTAGLIOLA, HENRY J
5800 N. FEDERAL HWY #4
BOCA RATON, FL 33487 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: HENRY J BATTAGLIOLA 02/17/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 HJB MEDICAL MANAGEME, NT, INC.
 Name:

 Address:
 4910 NW 54TH STREET
 Address:

 City-St-Zip:
 COCONUT CREEK, FL 33073
 City-St-Zip:

Title: MGRM () Delete Title: () Change () Addition

 Name:
 BOCA MEDICAL & REHAB, CENTER, INC.
 Name:

 Address:
 2706 W. ATLANTIC BOULEVARD
 Address:

 City-St-Zip:
 POMPANO BEACH, FL 33069
 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: HENRY J BATTAGLIOLA MGR 02/17/2007