

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000098512

FILED
Jan 07, 2008
Secretary of State

Entity Name: BOCA EAST PAIN MANAGEMNET, LLC

Current Principal Place of Business:

5800 N FEDERAL HWY #4
BOCA RATON, FL 33487

New Principal Place of Business:

880 NW 13TH STREET
SUITE 2-A
BOCA RATON, FL 33486

Current Mailing Address:

5800 N FEDERAL HWY #4
BOCA RATON, FL 33487

New Mailing Address:

880 NW 13TH STREET
SUITE 2-A
BOCA RATON, FL 33486

FEI Number: 20-5681416

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTAGLIOLA, HENRY J
5800 N. FEDERAL HWY #4
BOCA RATON, FL 33487 US

Name and Address of New Registered Agent:

BATTAGLIOLA, HENRY J
880 NW 13TH STREET
SUITE 2-A
BOCA RATON, FL 33486 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

01/07/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HJB MEDICAL MANAGEME, NT, INC.
Address: 4910 NW 54TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM (X) Delete
Name: BOCA MEDICAL & REHAB, CENTER, INC.
Address: 2706 W. ATLANTIC BOULEVARD
City-St-Zip: POMPANO BEACH, FL 33069

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: HENRY J BATTAGLIOLA

MGR

01/07/2008

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