

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000102454

FILED
Feb 17, 2007
Secretary of State

Entity Name: LAKE WORTH PAIN MANAGEMENT, LLC.

Current Principal Place of Business:

2910 JOG ROAD
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

2910 JOG ROAD
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 20-5764408

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BATTAGLIOLA, HENRY J
2910 JOG ROAD
LAKE WORTH, FL 33467 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: MGRM () Delete
Name: HJB MEDICAL MANAGEME, NT, INC.
Address: 4910 NW 54TH STREET
City-St-Zip: COCONUT CREEK, FL 33073

Title: MGRM () 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 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

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