

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000078622

FILED
Apr 04, 2008
Secretary of State

Entity Name: PAIN CLINIC OF FORT LAUDERDALE, LLC

Current Principal Place of Business:

130 JOHN F. KENNEDY DRIVE
SUITE 134
ATLANTIS, FL 33462 US

New Principal Place of Business:

Current Mailing Address:

130 JOHN F. KENNEDY DRIVE
SUITE 134
ATLANTIS, FL 33462 US

New Mailing Address:

FEI Number: 20-0792321

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JAFFE, EDWARD D
130 JOHN F. KENNEDY DRIVE
SUITE 134
ATLANTIS, FL 33462 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: MRRM () Delete
Name: JAFFE, KENNETH S M.D.
Address: 130 JOHN F. KENNEDY DRIVE, SUITE 134
City-St-Zip: ATLANTIS, FL 33462 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: A PAIN CLINIC LLC,
Address: 130 JOHN F. KENNEDY DRIVE, SUITE 134
City-St-Zip: ATLANTIS, FL 33462 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: KENNETH S JAFFE

MGRM

04/04/2008

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