

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 07, 2011
Secretary of State

Entity Name: PAIN CLINIC OF FORT LAUDERDALE, LLC

Current Principal Place of Business:

5201 HOLLYWOOD BLVD
HOLLYWOOD, FL 33021 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:

COHEN, EARL M
2505 NW BOCA RATON BLVD., STE. 202
BOCA RATON, FL 33431 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
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 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

04/07/2011

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