

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000083017

**FILED**  
**Jan 16, 2008**  
**Secretary of State**

**Entity Name:** AMERICAN PAIN CARE SPECIALISTS, LLC

**Current Principal Place of Business:**

13660 S. JOG ROAD, STE B-2  
DELRAY BEACH, FL 33446 US

**New Principal Place of Business:**

13660 S. JOG ROAD  
SUITE B-2  
DELRAY BEACH, FL 33446 US

**Current Mailing Address:**

13660 S. JOG ROAD, STE B-2  
DELRAY BEACH, FL 33446 US

**New Mailing Address:**

**FEI Number:** 26-0711319      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

ROSENBLATT, AARON  
21172 PONTE VISTA CIRCLE  
BOCA RATON, FL 33428 US

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

ROSENBLATT, AARON  
13660 SOUTH JOG ROAD  
SUITE B-2  
DELRAY BEACH, FL 33446 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: AARON ROSENBLATT

01/16/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ROSENBLATT, AARON MD  
Address: 21172 PONTE VISTA CIRCLE  
City-St-Zip: BOCA RATON, FL 33428 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ROSENBLATT, AARON MD  
Address: 13660 SOUTH JOG ROAD, SUITE B-2  
City-St-Zip: DELRAY BEACH, FL 33446 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: AARON ROSENBLATT

MGM

01/16/2008

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