2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 17, 2009
Secretary of State

DOCUMENT# M08000001947

Entity Name: GALAPAGOS PAIN MANAGEMENT CENTERS, LLC

Current Principal Place of Business:

2570 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

New Principal Place of Business:

7553 W OKLAND PARK BOULEVARD
LAUDERHILL, FL 33319

Current Mailing Address:

2570 N. UNIVERSITY DRIVE
SUNRISE, FL 33322

New Mailing Address:

7553 W OKLAND PARK BOULEVARD
LAUDERHILL, FL 33319

FEI Number: 26-2015260 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

PADILLA, SEGUNDO
2570 N. UNIVERSITY DRIVE
SUNRISE, FL 33322 US

Name and Address of New Registered Agent:

PADILLA, SEGUNDO
7553 W OKLAND PARK BOULEVARD
LAUDERHILL, FL 33319 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: PADILLA SEGUNDO R 02/17/2009
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: PADILLA, SEGUNDO
Address: 2570 N. UNIVERSITY DRIVE
City-St-Zip: SUNRISE, FL 33322

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: PADILLA, SEGUNDO
Address: 7553 W OKLAND PARK BOULEVARD
City-St-Zip: LAUDERHILL, FL 33319

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: PADILLA SEGUNDO R MGRM 02/17/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date