

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009622

**FILED
Jan 16, 2015
Secretary of State
CC9321685670**

Entity Name: PAIN MANAGEMENT OF PALM BEACH LLC

Current Principal Place of Business:

2206 W ATLANTIC AVE
200
DELRAY BEACH, FL 33445

Current Mailing Address:

2206 W ATLANTIC AVE
200
DELRAY BEACH, FL 33445

FEI Number: 20-8316038

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SABATES, CLAUDIA E
4869 PINEVIEW CIRCLE
DELRAY BEACH, FL 33445 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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|-----------------------|-----------------|-----------------------|
| Title | D | Title | D |
| Name | SABATES, CLAUDIA E | Name | SABATES, RICARDO J |
| Address | 4869 PINEVIEW CIRCLE | Address | 4869 PINEVIEW CIRCLE |
| City-State-Zip: | DELRAY BEACH FL 33445 | City-State-Zip: | DELRAY BEACH FL 33445 |

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: RICARDO SABATES

MANAGING PARTNER

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date