

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000000896

Entity Name: A PAIN CLINIC OF DELRAY LLC

Current Principal Place of Business:

130 JOHN F. KENNEDY DR.
134
ATLANTIS, FL 33462

Current Mailing Address:

130 JOHN F. KENNEDY DR.
134
ATLANTIS, FL 33462 US

FEI Number: 80-0774645

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, EARL
2505 NW BOCA RATON BLVD.
202
BOCA RATON, FL 33431 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 MGRM
Name A PAIN CLINIC LLC
Address 130 JOHN F. KENNEDY DR. #134
City-State-Zip: ATLANTIS FL 33462

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: KENNETH S JAFFE

MGRM

04/13/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date