

**2021 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

04/21/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date