

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

**Feb 09, 2004 08:00 AM
Secretary of State**

DOCUMENT # L02000010714

1. Entity Name
PAIN PRACTICE CONSULTANTS, LLC



Principal Place of Business
**2828 S. SEACREST BLVD., STE. 211
BOYNTON BEACH, FL 33435**

Mailing Address
**2828 S. SEACREST BLVD., STE. 211
BOYNTON BEACH, FL 33435**



01272004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
01-0683368

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**COHEN, JEFFREY L
54 N.E. FOURTH AVE.
DELRAY BEACH, FL 33483**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

1100000042658
02/10/04-80033-005 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	P
NAME	RODRIGUEZ, ALBERT
STREET ADDRESS	2828 S SEACREST BLVD #211
CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	S
NAME	RENTA, ALEXIS
STREET ADDRESS	2828 S SEACREST BLVD #211
CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	VP
NAME	GATZ, BART
STREET ADDRESS	2828 S SEACREST BLVD #211
CITY - ST - ZIP	BOYNTON BEACH, FL 33435
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Bart Gatz*, PRES.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/29/04 561-369-7644
Date Daytime Phone #