

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000121318

FILED
Apr 30, 2012
Secretary of State

Entity Name: A PAIN CLINIC OF WEST PALM BEACH, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 20-8195074

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COHEN, JEFFREY L
54 N.E. FOURTH AVENUE
DELRAY BEACH, FL 33483 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: A PAIN CLINIC, LLC
Address: 130 JOHN F. KENNEDY DR. #134
City-St-Zip: ATLANTIS, FL 33462

I hereby 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: KENNETH S JAFFE

MGRM

04/30/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date