

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000000624

FILED  
Apr 07, 2009  
Secretary of State

**Entity Name:** A PAIN CLINIC OF JUPITER, LLC

**Current Principal Place of Business:**

101 SE 27TH AVENUE  
BOYNTON BEACH, FL 33435

**New Principal Place of Business:**

**Current Mailing Address:**

101 SE 27TH AVENUE  
BOYNTON BEACH, FL 33435

**New Mailing Address:**

FEI Number: 20-8195251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

COHEN, JEFFREY L  
54 NE 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: MGR ( ) Delete  
Name: A PAIN CLINIC, LLC,  
Address: 101 SE 27TH AVENUE  
City-St-Zip: BOYNTON BEACH, FL 33435

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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

MGR

04/07/2009

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