

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L07000009622

**FILED**  
**Sep 02, 2011**  
**Secretary of State**

**Entity Name:** PAIN MANAGEMENT OF PALM BEACH LLC

**Current Principal Place of Business:**

2206 WEST ATLANTIC AVENUE  
200  
DELRAY BEACH, FL 33445

**New Principal Place of Business:**

**Current Mailing Address:**

4869 PINEVIEW CIRCLE  
DELRAY BEACH, FL 33445

**New Mailing Address:**

**FEI Number:** 20-8316038

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SABATES, RICARDO J  
2206 WEST ATLANTIC AVENUE  
200  
DELRAY BEACH, FL 33445 US

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

SABATES, CLAUDIA E  
4869 PINEVIEW CIRCLE  
DELRAY BEACH, FL 33445 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: CLAUDIA E SABATES

09/02/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SABATES, CLAUDIA E  
Address: 4869 PINEVIEW CIRCLE  
City-St-Zip: DELRAY BEACH, FL 33445

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: CLAUDIA E SABATES

MGR

09/02/2011

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