

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000009622

FILED
Jan 05, 2012
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:

2206 W ATLANTIC AVE
200
DELRAY BEACH, FL 33445

Current Mailing Address:

4869 PINEVIEW CIRCLE
DELRAY BEACH, FL 33445

New Mailing Address:

2206 W ATLANTIC AVE
200
DELRAY BEACH, FL 33445

FEI Number: 20-8316038

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Title: D
Name: SABATES, RICARDO J
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 SABATES

D

01/05/2012

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