

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000009622

FILED
Oct 29, 2014
Secretary of State

Entity Name: PAIN MANAGEMENT OF PALM BEACH LLC

Current Principal Place of Business:

2206 W ATLANTIC AVE
200
DELRAY BEACH, FL 33445

New Principal Place of Business:

Current Mailing Address:

2206 W ATLANTIC AVE
200
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, 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: CLAUDIA SABATES

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: RICARDO SABATES

MGR

10/29/2014

Electronic Signature of Authorized Person

Date