2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2008
Secretary of State

DOCUMENT# L07000039400

Entity Name: PALM BEACH PAIN MEDICINE PHYSICIANS, P.L.

Current Principal Place of Business:

1500 N. DIXIE HWY, STE 103
WEST PALM BEACH, FL 33401

New Principal Place of Business:

Current Mailing Address:

1500 N. DIXIE HWY, STE 103
WEST PALM BEACH, FL 33401

New Mailing Address:

FEI Number: 59-2750941 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

CHAITOFF, KEVIN M.D.
1500 N. DIXIE HWY, STE 103
WEST PALM BEACH, FL 33401 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: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: DR ( ) Change (X) Addition
Name: REGENBAUM, SHELDON
Address: 1500 NORTH DIXIE HIGHWAY SUITE 103
City-St-Zip: WEST PALM BEACH, FL 33401

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: SHELDON REGENBAUM, MD MD 05/01/2008

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