

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039400

FILED
Jan 13, 2009
Secretary of State

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 ()

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

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: KEVIN A CHAITOFF

MD

01/13/2009

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