

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000039400

FILED
Feb 25, 2011
Secretary of State

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

Current Principal Place of Business:

7480 LAKE WORTH RD., STE 600
LAKE WORTH, FL 33467

New Principal Place of Business:

Current Mailing Address:

7480 LAKE WORTH RD., STE 600
LAKE WORTH, FL 33467

New Mailing Address:

FEI Number: 27-2863674

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
Name: REGENBAUM, SHELDON
Address: 7480 LAKE WORTH RD., STE 600
City-St-Zip: LAKE WORTH, FL 33467

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: SHELDON REGENBAUM

MD

02/25/2011

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