

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000039400

**FILED**  
**Apr 12, 2012**  
**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:**

7408 LAKE WORTH RD., STE 600  
LAKE WORTH, FL 33467

**Current Mailing Address:**

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

**New Mailing Address:**

7408 LAKE WORTH RD., STE 600  
LAKE WORTH, FL 33467

**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

DR

04/12/2012

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