

**2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008292

**Entity Name:** THE TENNESSEE PAIN SOCIETY INC.

**Current Principal Place of Business:**

6800 GULFPORT BLVD.  
SUITE 201-212  
SOUTH PASADENA, FL 33706

**Current Mailing Address:**

6800 GULFPORT BLVD.  
SUITE 201-212  
SOUTH PASADENA, FL 33706

**FEI Number:** 47-1802998

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HOYLE, ROBIN L  
262 SEA MIST DRIVE  
TREASURE ISLAND, FL 33706 US

*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

**Officer/Director Detail :**

Title P  
Name THEODORE, JONES W  
Address 1128 EAST WEISGARBER, SUITE 100  
City-State-Zip: KNOXVILLE TN 37909

Title VP  
Name BLAKE, JOHN R  
Address 2339 MCCALLIE AVENUE SUITE 309  
City-State-Zip: CHATTANOOGA TN 37404

Title S  
Name SCHNEIDER, JOHN R  
Address 2140 NORTH THOMPSON LANE  
City-State-Zip: MURFREESBORO TN 37129

Title T  
Name MCCOY, DARREN  
Address 1128 EAST WEISGARBER SUITE 100  
City-State-Zip: KNOXVILLE TN 37909

Title D  
Name BROWDER, JOSEPH H  
Address 1128 E. WEISGARBER SUITE 100  
City-State-Zip: KNOXVILLE TN 37909

Title D  
Name BOLEN, JENNIFER  
Address 14875 BUTTERMILK RD.  
City-State-Zip: LENOIR CITY TN 37771

Title DIRECTOR  
Name PARKER, AUTRY MD  
Address PARKER PAIN & REHAB  
6005 PARK AVE 802  
City-State-Zip: MEMPHIS TN 38119

Title EXECUTIVE DIRECTOR  
Name HOYLE, ROBIN LYNN JD  
Address 6800 GULFPORT BLVD.  
SUITE 201-212  
City-State-Zip: SOUTH PASADENA FL 33706

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBIN LYNN HOYLE

**EXECUTIVE DIRECTOR**

**03/30/2015**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title            DIRECTOR  
Name            PARKER, AUTRY MD  
Address        PARKER PAIN & REHAB  
                  6005 PARK AVE 802  
City-State-Zip: MEMPHIS TN 38119

Title            EXECUTIVE DIRECTOR  
Name            HOYLE, ROBIN LYNN JD  
Address        6800 GULFPORT BLVD.  
                  SUITE 201-212  
City-State-Zip: SOUTH PASADENA FL 33706