

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008292

Entity Name: THE TENNESSEE PAIN SOCIETY INC.

Current Principal Place of Business:

3479 BYRON LANE
LONGBOAT KEY, FL 34228

FILED
Apr 04, 2022
Secretary of State
4078226549CC

Current Mailing Address:

560 BAY ISLES RD.
9259
LONGBOAT KEY, FL 34228 US

FEI Number: 47-1802998

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOYLE, ROBIN L
3479 BYRON LANE
LONGBOAT KEY, FL 34228 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 DIRECTOR
Name BLAKE, JOHN R
Address 2339 MCCALLIE AVENUE SUITE 309
City-State-Zip: CHATTANOOGA TN 37404

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

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

Title EXECUTIVE DIRECTOR
Name HOYLE, ROBIN LYNN JD
Address 3479 BYRON LANE
City-State-Zip: LONGBOAT KEY FL 34228

Title PRESIDENT
Name EDWARDS, DAVID
Address VANDERBILT UNIV. MED. CENTER
719 THOMPSON LANE
City-State-Zip: NASHVILLE TN 37204

Title SECRETARY
Name SNODGRASS, BRETT
Address 2589 APPLING RD.
City-State-Zip: BARTLETT TN 38133

Title TREASURER
Name DOZIER, DAMON
Address 560 BAY ISLES RD.
9259
City-State-Zip: LONGBOAT KEY FL 34228

Title SECRETARY
Name BAKER, SCOTT
Address 560 BAY ISLES RD.
9259
City-State-Zip: LONGBOAT KEY FL 34228

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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 L. HOYLE

EXECUTIVE DIRECTOR

04/04/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name DICHIARA, JOSEPH
Address 4713 PAPERMILL DRIVE
301
City-State-Zip: KNOXVILLE TN 37909

Title DIRECTOR
Name VANTERPOOL, STEPHANIE
Address 1924 ALCOA HIGHWAY
City-State-Zip: KNOXVILLE TN 37920

Title DIRECTOR
Name HERMANN, MICHAEL MD
Address 281 N.LYERLY ST.
200
City-State-Zip: CHATTANOOGA TN 37404

Title VP
Name WILKINSON, MICHAEL
Address 101 MEDTECH PARKWAY
200
City-State-Zip: JOHNSON CITY TN 37604

Title DIRECTOR
Name AREHART, DAVID MD
Address 181 MATHERLY ST
City-State-Zip: CROSSVILLE TN 38555

Title DIRECTOR
Name TOYE, AMANDA MD
Address 1500 21ST AVE. SOUTH
1506
City-State-Zip: NASHVILLE TN 37212