

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008292

FILED
Jan 05, 2017
Secretary of State
CC0444636153

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
815 CAPRI BLVD.
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 DIRECTOR
Name THEODORE, JONES W
Address 1128 EAST WEISGARBER, SUITE 100
City-State-Zip: KNOXVILLE TN 37909

Title PRESIDENT
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 WILLIAMS, W. TURNEY
Address 101 MEDTECH PARKWAY #200
City-State-Zip: JOHNSON CITY TN 37909

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

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

Title DIRECTOR
Name VANTERPOOL, STEPHANIE MD
Address UNIVERSITY CENTER FOR PAIN
1934 ALCOA HIGHWAY BUILDING D
SUITE 474
City-State-Zip: KNOXVILLE TN 37920

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

Continues on page 2

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 JD

EXECUTIVE DIRECTOR

01/05/2017

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title DIRECTOR
Name HILGENHURST, GRAF
Address 1177 ROCK SPRINGS RD.
City-State-Zip: SMYRNA TN 37167

Title DIRECTOR
Name JACKSON, TRACY
Address VANDERBILT UNIV. MED. CENTER
719 THOMPSON LANE
City-State-Zip: NASHVILLE TN 37204