

**2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008292

**FILED**  
**Mar 19, 2020**  
**Secretary of State**  
**0349404466CC**

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

**Current Principal Place of Business:**

6700 GULF OF MEXICO DRIVE  
143  
LONGBOAT KEY, FL 34228

**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  
6700 GULF OF MEXICO DRIVE  
143  
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 TREASURER  
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 EXECUTIVE DIRECTOR  
Name HOYLE, ROBIN LYNN JD  
Address 6700 GULF OF MEXICO DRIVE  
143  
City-State-Zip: LONGBOAT KEY FL 34228

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

**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 LYNN HOYLE

**EXECUTIVE DIRECTOR**

**03/19/2020**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

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

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

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

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

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