

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008292

FILED
Mar 19, 2019
Secretary of State
8292392931CC

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

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

Title PRESIDENT
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 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 6700 GULF OF MEXICO DRIVE
143
City-State-Zip: LONGBOAT KEY FL 34228

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

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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 HOYLE

EXECUTIVE DIRECTOR

03/19/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name CHOO, JAMES DR.
Address 1128 EAST WEISGARBER
SUITE 100
City-State-Zip: KNOXVILLE TN 37909

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

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

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

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