

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

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FILED
Mar 19, 2018
Secretary of State
CC0459192552

Entity Name: THE TENNESSEE PAIN SOCIETY INC.

Current Principal Place of Business:

311 EAST MORSE BLVD.
6-7
WINTER PARK, FL 32789

Current Mailing Address:

311 EAST MORSE BLVD.
6-7
WINTER PARK, FL 32789 US

FEI Number: 47-1802998

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

HOYLE, ROBIN L
311 EAST MORSE BLVD.
6-7
WINTER PARK, FL 32789 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	Title	DIRECTOR
Name	THEODORE, JONES W	Name	BLAKE, JOHN R
Address	1128 EAST WEISGARBER, SUITE 100	Address	2339 MCCALLIE AVENUE SUITE 309
City-State-Zip:	KNOXVILLE TN 37909	City-State-Zip:	CHATTANOOGA TN 37404
Title	PRESIDENT	Title	TREASURER
Name	SCHNEIDER, JOHN R	Name	BROWDER, JOSEPH H
Address	2140 NORTH THOMPSON LANE	Address	1128 E. WEISGARBER SUITE 100
City-State-Zip:	MURFREESBORO TN 37129	City-State-Zip:	KNOXVILLE TN 37909
Title	DIRECTOR	Title	VP
Name	BOLEN, JENNIFER	Name	VANTERPOOL, STEPHANIE MD
Address	14875 BUTTERMILK RD.	Address	UNIVERSITY CENTER FOR PAIN 1934 ALCOA HIGHWAY BUILDING D SUITE 474
City-State-Zip:	LENOIR CITY TN 37771	City-State-Zip:	KNOXVILLE TN 37920
Title	DIRECTOR	Title	EXECUTIVE DIRECTOR
Name	PARKER, AUTRY MD	Name	HOYLE, ROBIN LYNN JD
Address	PARKER PAIN & REHAB 6005 PARK AVE 802	Address	6800 GULFPORT BLVD. SUITE 201-212
City-State-Zip:	MEMPHIS TN 38119	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 HOYLE **EXECUTIVE DIRECTOR** **03/19/2018**

Electronic Signature of Signing Officer/Director Detail Date

Officer/Director Detail Continued :

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

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 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