2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N14000008292

Entity Name: THE TENNESSEE PAIN SOCIETY INC.

Current Principal Place of Business:

3802 GULF OF MEXICO DR 203A

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: No

Name and Address of Current Registered Agent:

HOYLE, ROBIN L ESQ. 3802 GULF OF MEXICO DR 203A

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: ROBIN L. HOYLE 04/14/2024

> Date Electronic Signature of Registered Agent

Officer/Director Detail:

Title DIRECTOR Title DIRECTOR

Name BLAKE, JOHN R Name SCHNEIDER, JOHN R

2339 MCCALLIE AVENUE SUITE 309 2140 NORTH THOMPSON LANE Address Address

City-State-Zip: CHATTANOOGA TN 37404 City-State-Zip: MURFREESBORO TN 37129

PAST PRESIDENT, DIRECTOR Title **EXECUTIVE DIRECTOR** Title

Name EDWARDS, DAVID HOYLE, ROBIN LYNN JD Name Address 520 DUKE DRIVE 3802 GULF OF MEXICO DR Address

200 203A

City-State-Zip: FRANKLIN TN 37067 City-State-Zip: LONGBOAT KEY FL 34228

Title DIRECTOR Title Name

DOZIER, DAMON SNODGRASS, BRETT Name 2589 APPLING RD. Address 647 DUNLOP LANE Address 305

BARTLETT TN 38133 City-State-Zip: City-State-Zip: CLARKSVILLE TN 37040

Title **SECRETARY** Title DIRECTOR

BAKER, SCOTT Name Name DICHIARA, JOSEPH

1423 W. BADDOUR PKWY Address Address 4713 PAPERMILL DRIVE

City-State-Zip: LEBANON TN 37087

> KNOXVILLE TN 37909 City-State-Zip:

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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.

04/14/2024 SIGNATURE: ROBIN HOYLE EXECUTIVE DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

FILED Apr 14, 2024

Secretary of State

6352943892CC

Officer/Director Detail Continued:

Title Title DIRECTOR

Name WILKINSON, MICHAEL Name VANTERPOOL, STEPHANIE

Address 101 MEDTECH PARKWAY Address 1924 ALCOA HIGHWAY

200

1506

City-State-Zip: KNOXVILLE TN 37920 JOHNSON CITY TN 37604 City-State-Zip:

Title DIRECTOR Title DIRECTOR

Name HERMANN, MICHAEL MD AREHART, DAVID MD Name

Address 281 N.LYERLY ST. Address 181 MATHERLY ST 200

City-State-Zip: CROSSVILLE TN 38555 City-State-Zip: CHATTANOOGA TN 37404

Title DIRECTOR Title **DIRECTOR**

Name JAIN, ANKUSH Name TOYE, AMANDA MD

Address 101 MEDTECH PKWY 1500 21ST AVE. SOUTH Address

City-State-Zip: JOHNSON CITY TN 37604 City-State-Zip: NASHVILLE TN 37212

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