

**2017 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N14000008292

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

**FILED**  
**Mar 15, 2017**  
**Secretary of State**  
**CC7668495502**

**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  
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**

**EXECUTIVE DIRECTOR**

**03/15/2017**

\_\_\_\_\_  
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