1401 CENTER TALLAHASSEI	RVILLE ROAD, SUITE 300 EE, FL 32308	
Current Ma	ailing Address:	
	TERVILLE ROAD, SUITE 300 SSEE, FL 32308	
FEI Numbe	er: 20-0307088	Certif
Name and Address of Current Registered Agent:		
DAVIS, JUDY S 1300 MICCOS TALLAHASSEI		
The above name	ned entity submits this statement for the purpose of chang	ing its registered office or registered age
SIGNATURI	RE: JUDY S. DAVIS	
	Electronic Signature of Registered Agent	
Authorized	d Person(s) Detail :	
Title	MGR	
Name	CADUCEUS PROPERTIES, LLC	
Address	1401 CENTERVILLE ROAD, SUITE 300	
City-State-Zip:	: TALLAHASSEE FL 32308	

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

CFO

SIGNATURE: PRISCILLA NEEDHAM

Electronic Signature of Signing Authorized Person(s) Detail

## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000027851

## Entity Name: TALLAHASSEE NEUROSURGERY PAIN MANAGEMENT, LLC

## **Current Principal Place of Business:**

ent, or both, in the State of Florida.

FILED Mar 05, 2024 **Secretary of State** 0290466253CC

ificate of Status Desired: Yes

03/05/2024

Date

03/05/2024 Date