

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000027851

**Entity Name:** TALLAHASSEE NEUROSURGERY PAIN MANAGEMENT, LLC

**Current Principal Place of Business:**

1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308

**Current Mailing Address:**

1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308

**FEI Number:** 20-0307088

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

THAXTON, LINDSAY  
1401 CENTERVILLE ROAD, SUITE 300  
TALLAHASSEE, FL 32308 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:** LINDSAY THAXTON

02/09/2016

Electronic Signature of Registered Agent

Date

**Authorized 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.*

**SIGNATURE:** LINDSAY THAXTON

MANAGER

02/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date