

2013 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: Yes

Name and Address of Current Registered Agent:

MCRAE, GWEN S
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: _____

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: GWEN MCRAE

AGENT

01/30/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date