2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 11, 2025
Secretary of State
4517522374CC

DOCUMENT# L03000030402

Entity Name: PAIN INSTITUTE OF TAMPA BAY, P.L.

Current Principal Place of Business:

2818 CYPRESS RIDGE BLVD SUITE 100
WESLEY CHAPEL, FL 33544

Current Mailing Address:

501 N REO STREET
STE. #1
TAMPA, FL 33609 US

FEI Number: 20-0190557

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOOD, DAVID A MANAGER
501 N REO STREET
STE. #1
TAMPA, FL 33609 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: DAVID A. WOOD 03/11/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER	Title	CFO
Name	WOOD, DAVID A MANAGER	Name	HAMMONDS, KEVIN
Address	501 N REO STREET STE. #1	Address	501 N REO STREET STE. #1
City-State-Zip:	TAMPA FL 33609	City-State-Zip:	TAMPA FL 33609

Title	CEO
Name	HELMS, JOSH
Address	501 N REO STREET STE. #1
City-State-Zip:	TAMPA FL 33609

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: JOSH HELMS CEO 03/11/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date