

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000013328

Entity Name: HEALTH VENTURES PAIN MANAGEMENT, LLC

Current Principal Place of Business:

1401 CENTERVILLE ROAD, SUITE 210
TALLAHASSEE, FL 32308

Current Mailing Address:

1401 CENTERVILLE ROAD, SUITE 210
TALLAHASSEE, FL 32308

FEI Number: 20-2928736

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, JUDY
1300 MICCOSUKEE ROAD
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 MGRM
Name TALLAHASSEE MEMORIAL HEALTH
VENTURES, INC.
Address 1401 CENTERVILLE ROAD, SUITE 210
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: WILLIAM A GIUDICE

CFO

02/19/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date