

**2017 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

03/10/2017

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date