

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000059614

Entity Name: INTERVENTIONAL THERAPEUTICS INSTITUTE, LLC

Current Principal Place of Business:

5102 N. DAVIS HIGHWAY
PENSACOLA, FL 32503

Current Mailing Address:

PO BOX11637
PENSACOLA, FL 32524 US

FEI Number: 83-0432335

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST PAIN INSTITUTE
1800 JENKS AVENUE
PANAMA CITY, FL 32405 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: JESSICA SORSBY

01/25/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title COO
Name BUCHALTER, JEFF
Address 5102 N. DAVIS HIGHWAY
City-State-Zip: PENSACOLA FL 32503

Title COO
Name LARKINS, MARK
Address PO BOX11637
City-State-Zip: PENSACOLA FL 32524

Title CFO
Name FAIRLEIGH, DAVID
Address PO BOX11637
City-State-Zip: PENSACOLA FL 32524

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: JEFF BUCHALTER

MD

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date