

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104014

Entity Name: RENFROE SPINAL CENTER, LLC.

Current Principal Place of Business:

698 BRENT LANE
PENSACOLA, FL 32504

Current Mailing Address:

201 DEFENSE HIGHWAY
STE 205
ANNAPOLIS, MD 21401 US

FEI Number: 20-5769872

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST PAIN INSTITUTE
698 BRENT LANE
PENSACOLA, FL 32504 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

07/27/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name FREAS, DAMEAN
Address 201 DEFENSE HIGHWAY
STE 205
City-State-Zip: ANNAPOLIS MD 21401

Title CFO
Name BOWEN, DANIEL
Address 201 DEFENSE HIGHWAY
STE 205
City-State-Zip: ANNAPOLIS MD 21401

Title PRESIDENT
Name KORNBLUTH, IRA
Address 201 DEFENSE HIGHWAY
STE 205
City-State-Zip: ANNAPOLIS MD 21401

Title COMPTROLLER
Name WINIK, MARSHA
Address 201 DEFENSE HIGHWAY
STE 205
City-State-Zip: ANNAPOLIS MD 21401

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: MARSHA WINIK

CONTROLLER

07/27/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date