2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 02, 2018
Secretary of State
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Entity Name: TRINITY PAIN CENTER, LLC

Current Principal Place of Business:

8146 CEREBELLUM WAY
SUITE 102
NEW PORT RICHEY, FL 34655

Current Mailing Address:

8146 CEREBELLUM WAY
SUITE 102
NEW PORT RICHEY, FL 34655

FEI Number: 27-2007397

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

WITTMANN, CHRISTOPHER J PA-C
2955 LANDING WAY
PALM HARBOR, FL 34684 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: CHRISTOPHER J WITTMANN 07/02/2018

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	WITTMANN, CHRISTOPHER J PA-C
Address	8146 CEREBELLUM WAY SUITE 102
City-State-Zip:	NEW PORT RICHEY FL 34655

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: CHRISTOPHER WITTMANN OWNER 07/02/2018

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