

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120859

**Entity Name:** PAIN MEDICINE PHYSICIANS OF JACKSONVILLE, LLC

**Current Principal Place of Business:**

10250 NORMANDY BLVD.  
SUITE 703  
JACKSONVILLE, FL 32221

**Current Mailing Address:**

10250 NORMANDY BLVD.  
STE 702  
JACKSONVILLE, FL 32221 US

**FEI Number:** 27-4098224

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

KHANNA, SANJEEV  
10250 NORMANDY BLVD  
SUITE 702  
JACKSONVILLE, FL 32221 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            PRESIDENT  
Name            KHANNA, PARVEEN DR.  
Address        10250 NORMANDY BLVD.  
                  STE 702  
City-State-Zip: JACKSONVILLE FL 32221

Title            VP  
Name            KHANNA, SANJEEV  
Address        10250 NORMANDY BLVD.  
                  STE 702  
City-State-Zip: JACKSONVILLE FL 32221

*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:** SANJEEV KHANNA

VP

02/15/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date