

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000120859

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

**Current Principal Place of Business:**

3839 COUNTY ROAD 218  
SUITE C  
MIDDLEBURG, FL 32068

**Current Mailing Address:**

5800 BEACH BLVD.  
STE 203-161  
JACKSONVILLE, FL 32207 US

**FEI Number:** 27-4098224

**Certificate of Status Desired:** No

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

KHANNA, SANJEEV  
5800 BEACH BLVD.  
STE 203-161  
JACKSONVILLE, FL 32207 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            PRES  
Name            KHANNA, PARVEEN MD  
Address        5800 BEACH BLVD., STE 203-161  
City-State-Zip: JACKSONVILLE FL 32207

Title            V.P.  
Name            KHANNA, SANJEEV  
Address        5800 BEACH BLVD., STE 203-161  
City-State-Zip: JACKSONVILLE FL 32207

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** SANJEEV KHANNA

V.P.

03/13/2013

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

\_\_\_\_\_  
Date