

2014 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:

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
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 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

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date