## 2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000062330

Entity Name: CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION,

LLC

FILED
Mar 17, 2014
Secretary of State
CC0709138573

## **Current Principal Place of Business:**

1613 NORTH HARRISON PARKWAY

SUITE 200

SUNRISE, FL 33323

## **Current Mailing Address:**

1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323 US

FEI Number: 45-2660987 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

MARTUS, JAY 1613 NORTH HARRISON PARKWAY SUITE 200 SUNRISE, FL 33323 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: JAY MARTUS 03/17/2014

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail:

Title CEO Title CFO

Name CARLYLE, JOHN Name KIRALY, THOMAS

Address 1613 NORTH HARRISON PARKWAY Address 1613 NORTH HARRISON PARKWAY

SUITE 200 SUITE 200

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title PRESIDENT Title EVP

Name COWARD, ROBERT Name DROZDOW, GILBERT

Address 1613 NORTH HARRISON PARKWAY Address 1613 NORTH HARRISON PARKWAY

SUITE 200 SUITE 200

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

Title EVP Title VP

Name MARTUS, JAY Name MARCUS, JILLIAN

Address 1613 NORTH HARRISON PARKWAY Address 1613 NORTH HARRISON PARKWAY

SUITE 200 SUITE 200

City-State-Zip: SUNRISE FL 33323 City-State-Zip: SUNRISE FL 33323

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.