## 2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000062330

Entity Name: CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION,

LLC

FILED
Oct 27, 2016
Secretary of State
CC4482071152

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

7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322

## **Current Mailing Address:**

7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6 PLANTATION, FL 33322 US

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

## Name and Address of Current Registered Agent:

MARCUS, JILLIAN 7700 WEST SUNRISE BOULEVARD PLANTATION, FL 33322 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: JILLIAN MARCUS 10/27/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title CEO Title VP & T

Name GULMI, CLAIRE Name EASTRIDGE, KEVIN

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title PRESIDENT Title EVP

Name COWARD, ROBERT Name DROZDOW, GILBERT

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

Title ASST\_SECRETARY Title VP & S

Name SANTARONE, STACY Name MARCUS, JILLIAN

Address 7700 WEST SUNRISE BOULEVARD Address 7700 WEST SUNRISE BOULEVARD

City-State-Zip: PLANTATION FL 33322 City-State-Zip: PLANTATION FL 33322

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: JILLIAN MARCUS VICE PRESIDENT