

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000062330

FILED
Jun 15, 2020
Secretary of State
3700199177CC

Entity Name: CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION, LLC

Current Principal Place of Business:

7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
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:

CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 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

06/15/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MEMBER	Title	AUTHORIZED PERSON
Name	GREATER FLORIDA ANESTHESIOLOGISTS, LLC	Name	WILSON, CRAIG
Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6	Address	7700 WEST SUNRISE BOULEVARD MAILSTOP PL-6
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: CRAIG WILSON

AUTHORIZED PERSON

06/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date