

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000062330

FILED
Apr 23, 2023
Secretary of State
5200850284CC

Entity Name: CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION, LLC

Current Principal Place of Business:

1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215

Current Mailing Address:

1A BURTON HILLS BOULEVARD
NASHVILLE, TN 37215 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

04/23/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title: MANAGER, PRESIDENT
Name: CHUANG MD, CHAN-CHOU
Address: 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title: TREASURER
Name: CHARPENTIER, JASON
Address: 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title: SENIOR VICE PRESIDENT AND SECRETARY
Name: MOORE, ILENE
Address: 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

Title: VP
Name: MUSSO, MATTHEW
Address: 1A BURTON HILLS BOULEVARD
City-State-Zip: NASHVILLE TN 37215

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: ILENE MOORE

SECRETARY

04/23/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date