

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000062330

FILED
Apr 29, 2015
Secretary of State
CC7252773257

Entity Name: CLEARWATER PAIN MANAGEMENT ASSOCIATES DIVISION, LLC

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:

MARCUS, JILLIAN
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: JILLIAN MARCUS

04/29/2015

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title CEO
Name GULMI, CLAIRE
Address 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title VP & T
Name EASTRIDGE, KEVIN
Address 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title PRESIDENT
Name COWARD, ROBERT
Address 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title EVP
Name DROZDOW, GILBERT
Address 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title ASST. SECRETARY
Name SANTARONE, STACY
Address 1613 NORTH HARRISON PARKWAY
SUITE 200
City-State-Zip: SUNRISE FL 33323

Title VP & S
Name MARCUS, JILLIAN
Address 1613 NORTH HARRISON PARKWAY
SUITE 200
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.

SIGNATURE: JILLIAN MARCUS

VP

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date