

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000062330

**FILED**  
**Apr 26, 2017**  
**Secretary of State**  
**CC7505712034**

**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:**

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**

**04/26/2017**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	EXECUTIVE VICE PRESIDENT	Title	PRESIDENT, MANAGER
Name	EASTRIDGE, KEVIN	Name	COWARD, ROBERT
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
Title	SENIOR VICE PRESIDENT CLINICAL	Title	VP, ASST. SECRETARY
Name	DROZDOW, GILBERT	Name	MARCUS, JILLIAN
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
Title	SENIOR VICE PRESIDENT CLINICAL	Title	SECRETARY, SENIOR VICE PRESIDENT
Name	IANNACCONI, RAY	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
Title	CFO	Title	TREASURER
Name	STANDIFIRD, JASON	Name	RUTHERFORD, KRISTY
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

**Continues on page 2**

*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: ROBERT COWARD**

**MANAGER**

**04/26/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date

**Authorized Person(s) Detail Continued :**

Title VP  
Name JOHNSON, BENJAMIN  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322

Title VP  
Name MORRIS, ERIN  
Address 7700 WEST SUNRISE BOULEVARD  
MAILSTOP PL-6  
City-State-Zip: PLANTATION FL 33322