## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000122944

Entity Name: PAIN SOURCE, LLC

**Current Principal Place of Business:** 

201 N. FRANKLIN STREET **SUITE 1910** TAMPA, FL 33602

**FILED** Apr 29, 2020 **Secretary of State** 8033871792CC

## **Current Mailing Address:**

201 N. FRANKLIN STREET **SUITE 1910** TAMPA, FL 33602 US

FEI Number: 46-1036754 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAYMOND, J. PAUL 625 COURT STREET SUITE 200 CLEARWATER, FL 33756 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: J. PAUL RAYMOND 04/29/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail:

Title MGR Title MGR

PICCIANO, JOHN R COHEN, ROBERT M Name Name

Address 201 N. FRANKLIN STREET Address 201 N. FRANKLIN STREET

**SUITE 1910** 

**SUITE 1910** TAMPA FL 33602 TAMPA FL 33602 City-State-Zip:

Title MGR

City-State-Zip:

O'SHEA, JAMES E Name

201 N. FRANKLIN STREET Address

**SUITE 1910** 

TAMPA FL 33602 City-State-Zip:

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: JOHN R. PICCIANO

Electronic Signature of Signing Authorized Person(s) Detail

04/29/2020 **MANAGER**