

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023220

Entity Name: GULF COAST PAIN CONSULTANTS, LLC

Current Principal Place of Business:

4901 MARKETPLACE ROAD
PENSACOLA, FL 32504

Current Mailing Address:

2114 AIRPORT BLVD
STE 1400
PENSACOLA, FL 32504 US

FEI Number: 46-2054352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 S PINE ISLAND RD
PLANTATION, FL 33324 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name CLEARWAY PAIN SOLUTIONS
 INSTITUTE, LLC
Address C/O NEXPHASE CAPITAL
 600 LEXINGTON AVE, 12TH FLOOR
City-State-Zip: NEW YORK NY 10022

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: DAVID WATSON

CFO

02/08/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date