

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000023220

**Entity Name:** GULF COAST PAIN CONSULTANTS, LLC

**Current Principal Place of Business:**

2114 AIRPORT BLVD  
SUITE 1400  
PENSACOLA, FL 32504-9075

**Current Mailing Address:**

201 DEFENSE HIGHWAY  
STE 205  
ANNAPOLIS, MD 21401 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

Title CFO  
Name BOWEN, DANIEL  
Address 201 DEFENSE HIGHWAY  
STE 205  
City-State-Zip: ANNAPOLIS MD 21401

Title CEO  
Name FREAS, DAMEAN  
Address 201 DEFENSE HIGHWAY  
STE 205  
City-State-Zip: ANNAPOLIS MD 21401

Title PRESIDENT  
Name KORNBLUTH, IRA  
Address 201 DEFENSE HIGHWAY  
STE 205  
City-State-Zip: ANNAPOLIS MD 21401

Title COMPTROLLER  
Name WINIK, MARSHA  
Address 201 DEFENSE HIGHWAY  
STE 205  
City-State-Zip: ANNAPOLIS MD 21401

*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:** MARSHA WINIK

**CONTROLLER**

**07/27/2020**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date