

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023220

Entity Name: GULF COAST PAIN CONSULTANTS, PLLC

Current Principal Place of Business:

4724 NORTH DAVIS HIGHWAY
SUITE 210
PENSACOLA, FL 32503

Current Mailing Address:

PO BOX 11637
PENSACOLA, FL 32524 US

FEI Number: 46-2054352

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HIGHTOWER LAW FIRM
119 NORTH PALAFOX STREET
PENSACOLA, FL 32502 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 PRACTICE MANAGER
Name SORSBY, JESSICA L
Address PO BOX 11637
City-State-Zip: PENSACOLA FL 32524

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: JESSICA SORSBY

PRACTICE MANAGER

01/27/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date