

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000023220

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

**Current Principal Place of Business:**

4901 MARKETPLACE ROAD  
PENSACOLA, FL 32504

**Current Mailing Address:**

4901 MARKETPLACE ROAD  
PENSACOLA, FL 32504 US

**FEI Number: 46-2054352**

**Certificate of Status Desired: Yes**

**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**

**01/07/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date