

2021 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 VILLATORO, ALBERTO
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

02/09/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date