

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000045197

Entity Name: 45TH ST PAIN MANAGEMENT L.L.C.

Current Principal Place of Business:

5642 CORPORATE WAY
WEST PALM BEACH, FL 33407

Current Mailing Address:

5642 CORPORATE WAY
WEST PALM BEACH, FL 33407 US

FEI Number: 47-3196017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GARDY D MARCELIN, MD
5642 CORPORATE WAY
WEST PALM BEACH, FL 33407 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 MARCELIN, GARDY D MD
Address 5642 CORPORATE WAY
City-State-Zip: WEST PALM BEACH FL 33407

Title AMBR
Name NICOLAS, MARIE
Address 5642 CORPORATE WAY
City-State-Zip: WEST PALM BEACH FL 33407

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: MARIE NICOLAS

AMBR

02/02/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date