

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000134595

Entity Name: GABLES PAIN ASSOCIATES, LLC

Current Principal Place of Business:

475 BILTMORE WAY
SUITE 307
CORAL GABLES, FL 33134

Current Mailing Address:

475 BILTMORE WAY
SUITE 307
CORAL GABLES, FL 33134

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RUBEN SPINRAD, P.L.
631 U.S. HIGHWAY ONE
SUITE 203
NORTH PALM BEACH, FL 33408 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 MGR
Name JOHN SERPA MD P.A.
Address 1800 W. 68TH STREET, SUITE 114
City-State-Zip: HIALEAH FL 33014

Title MGR
Name CELESTINO NENINGER MD PA
Address 601 NE 36TH STREET, SUITE 1307
City-State-Zip: MIAMI FL 33137

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: MARISOL MARTINEZ

MD

07/22/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date