

**2019 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	Title	MGR
Name	JOHN SERPA MD P.A.	Name	CELESTINO NENINGER MD PA
Address	1800 W. 68TH STREET, SUITE 114	Address	601 NE 36TH STREET, SUITE 1307
City-State-Zip:	HIALEAH FL 33014	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:** JOHN SERPA

**MEMBER**

**03/28/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date