

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000168444

Entity Name: NEUROPATHIC PAIN MANAGEMENT LLC

Current Principal Place of Business:

1019 ORWELL AVE
ORLANDO, FL 32809

Current Mailing Address:

P.O BOX 48854
TAMPA, FL 33646 US

FEI Number: 82-2423418

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FELICIANO, CARLOS
4171 OAKTREE DR
DAVENPORT, FL 33837 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	MANAGER
Name	FELICIANO, CARLOS	Name	FELICIANO, CARLOS A
Address	4168 OAKTREE DR	Address	1019 ORWELL AVE
City-State-Zip:	DAVENPORT FL 33837	City-State-Zip:	ORLANDO FL 32809

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: CARLOS FELICIANO

MANAGER

04/30/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date