

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000174640

Entity Name: FLORIDA PAIN AND AGING SOLUTIONS IV, LLC

Current Principal Place of Business:

2940 MALLORY CIRCLE, #205
CELEBRATION, FL 34747

Current Mailing Address:

2940 MALLORY CIRCLE, #205
CELEBRATION, FL 34747 US

FEI Number: 86-3420950

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNIVERSAL REGISTERED AGENTS, INC.
1317 CALIFORNIA STREET
TALLAHASSEE, FL 32304 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 MANAGER
Name GOOD, JEREMY
Address 2940 MALLORY CIRCLE
 SUITE 205
City-State-Zip: KISSIMMEE FL 34747

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: JEREMY GOOD

MANAGER

03/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date