

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000250679

**Entity Name:** TRANSITIONAL PAIN & SPECIALTY GROUP, LLC

**Current Principal Place of Business:**

4437 TOUR TRACE  
LANDOLAKES, FL 34638

**Current Mailing Address:**

4437 TOUR TRACE  
LANDOLAKES, FL 34638 US

**FEI Number: 88-2783330**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

GUDE, JONATHAN  
4437 TOUR TRACE  
LANDOLAKES, FL 34638 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 GUDE, JONATHAN  
Address 4437 TOUR TRACE  
City-State-Zip: LANDOLAKES FL 34638

Title MANAGER  
Name HASHMI, HASEEB  
Address 10103 GARDEN RETREAT COURT  
City-State-Zip: TAMPA FL 33647

Title MANAGER  
Name BHALANI, MAULIK  
Address 1911 HAVEN BEND  
City-State-Zip: TAMPA FL 33613

Title MANAGER  
Name DEUTSCHER, RUSSELL  
Address 12406 BERKELEY SQUARE DRIVE  
City-State-Zip: TAMPA FL 33626

Title MANAGER  
Name SUTARIA, RICHA  
Address 31356 PALM SONG PL  
City-State-Zip: WESLEY CHAPEL FL 33545

*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: JONATHAN BRADLEY GUDE**

**MANAGER**

**01/17/2024**

Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date