

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000523136

Entity Name: SEVEN BRIDGES PAIN SPECIALISTS, LLC

Current Principal Place of Business:

2023 MYRA ST
JACKSONVILLE, FL 32204

Current Mailing Address:

2023 MYRA ST
JACKSONVILLE, FL 32204 US

FEI Number: 92-1330962

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GALLO, RENEE MD
8307 RIDING CLUB ROAD
JACKSONVILLE, FL 32256 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 MBR
Name GALLO, RENEE MD
Address 8307 RIDING CLUB ROAD
City-State-Zip: JACKSONVILLE FL 32256

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: RENEE GALLO

OWNER

01/31/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date