

2019 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M17000008853

Entity Name: SOUTHERN INTERVENTIONAL PAIN CENTER LLC

Current Principal Place of Business:

621 SW BAYA DRIVE
SUITE 102
LAKE CITY, FL 32025

Current Mailing Address:

615 S. HANSELL STREET
THOMASVILLE, GA 31792 US

FEI Number: 47-4062909

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COLE, REAVES
621 SW BAYA DRIVE, SUITE 101
LAKE CITY, FL 32025 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 MGRM
Name SHOKAT, MAX D.O.
Address 615 S. HANSELL STREET
City-State-Zip: THOMASVILLE GA 31792

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: MAX SHOKAT

MGRM

02/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date