

**2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000012192

**Entity Name:** CLEARWAY PAIN SOLUTIONS INSTITUTE, LLC

**Current Principal Place of Business:**

201 DEFENSE HIGHWAY  
STE 260  
ANNAPOLIS, MD 21401

**Current Mailing Address:**

201 DEFENSE HIGHWAY STE 260  
ANNAPOLIS, MD 21401 US

**FEI Number:** 82-3110625

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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:** MARC PELUSO

01/31/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title CEO  
Name FREAS, DAMEAN  
Address 201 DEFENSE HIGHWAY STE 260  
City-State-Zip: ANNAPOLIS MD 21401

Title MGR  
Name KIEFFER, ANDREW  
Address 600 LEXINGTON AVE  
City-State-Zip: NEW YORK NY 10022

Title CFO  
Name VILLATORO, ALBERTO  
Address 201 DEFENSE HIGHWAY STE 260  
City-State-Zip: ANNAPOLIS MD 21401

Title VP  
Name WINIK, MARSHA  
Address 201 DEFENSE HIGHWAY STE 260  
City-State-Zip: ANNAPOLIS MD 21401

*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:** MARSHA WINIK

VP

01/31/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date