

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000068377

**Entity Name:** COMPREHENSIVE PAIN MANAGEMENT SERVICES, INC.

**Current Principal Place of Business:**

2051 45TH STREET  
SUITE 108  
WEST PALM BEACH, FL 33407

**Current Mailing Address:**

2051 45TH STREET  
SUITE 108  
WEST PALM BEACH, FL 33407

**FEI Number:** 01-0733772

**Certificate of Status Desired:** No

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

GERSON, GARY N ESQ.  
3001 PGA BLVD.  
SUITE 305  
PALM BEACH GARDENS, FL 33410 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:** GARY N GERSON, ESQ.

04/10/2018

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DR  
Name GHIGNONE, MARCO  
Address 2051 45TH STREET , SUITE 108  
City-State-Zip: WEST PALM BEACH FL 33407

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** GHIGNONE , MARCO

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04/10/2018

Electronic Signature of Signing Officer/Director Detail

Date