

2021 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P05000014922

Entity Name: SOUTH LAKE PAIN INSTITUTE, INC.**Current Principal Place of Business:**2440 HOOKS STREET
CLERMONT, FL 34711**Current Mailing Address:**2440 HOOKS STREET
CLERMONT, FL 34711 US**FEI Number:** 20-2284311**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SARANITA, ANTHONY DOMINICK
SOUTH LAKE PAIN INSTITUTE, INC.
2440 HOOKS STREET
CLERMONT, FL 34711 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:** ANTHONY DOMINICK SARANITA

01/31/2021

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PSTD
Name	SARANITA, JULIE D.O.
Address	12907 TIGER LILLY COURT
City-State-Zip:	CLERMONT FL 34711
Title	MGR
Name	SARANITA, ANTHONY DOMINICK
Address	12907 TIGER LILLY CT
City-State-Zip:	CLERMONT FL 34711

Title	D
Name	PAEZ, JULIO M.D.
Address	2440 HOOKS STREET
City-State-Zip:	CLERMONT FL 34711

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: ANTHONY D SARANITA

MANAGER

01/31/2021

Electronic Signature of Signing Officer/Director Detail

Date