

2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P07000081725

Entity Name: BOYNTON PAIN MANAGEMENT, INC.

Current Principal Place of Business:

1403 W. BOYNTON BEACH BLVD., #13
BOYNTON BEACH, FL 33426

Current Mailing Address:

8480 WEST STATE ROAD 84
DAVIE, FL 33324 US

FEI Number: 41-2246696

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DFS AGENT LLC
1760 N JOG ROAD
SUITE 150
WEST PALM BEACH, FL 33411 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: SCOTT DISALVO

01/15/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name CONSOLIDATED MEDICAL LLC
Address 1403 W. BOYNTON BEACH BLVD., #13

City-State-Zip: BOYNTON BEACH FL 33426

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: KRISTA GOELZ

MANAGER

01/15/2019

Electronic Signature of Signing Officer/Director Detail

Date