

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41951

Entity Name: COMPREHENSIVE PAIN MEDICINE, INC.

Current Principal Place of Business:

20 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215

Current Mailing Address:

20 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215 US

FEI Number: 59-3129628

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title PRESIDENT, DIRECTOR
Name RODRIGUEZ MD, MARIA
Address 20 BURTON HILLS BLVD
 SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title TREASURER
Name CROSS, WILLIAM
Address 20 BURTON HILLS BLVD
 SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title SECRETARY
Name MARCUS, JILLIAN
Address 20 BURTON HILLS BLVD
 SUITE 500
City-State-Zip: NASHVILLE TN 37215

Title VP
Name MUSSO, MATTHEW
Address 20 BURTON HILLS BLVD
 SUITE 500
City-State-Zip: NASHVILLE TN 37215

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: JILLIAN MARCUS

SECRETARY

04/22/2024

Electronic Signature of Signing Officer/Director Detail

Date