

**2016 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# V41951

**Entity Name:** COMPREHENSIVE PAIN MEDICINE, INC.

**Current Principal Place of Business:**

510 CORDAY STREET  
PENSACOLA, FL 32503

**Current Mailing Address:**

1613 NORTH HARRISON PARKWAY, SUITE 200  
SUNRISE, FL 33323 US

**FEI Number:** 59-3129628

**Certificate of Status Desired:** No

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

MARCUS, JILLIAN  
1613 NORTH HARRISON PARKWAY, SUITE 200  
SUNRISE, FL 33323 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:** JILLIAN MARCUS

04/21/2016

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title VP  
Name TIMMONS, RUBEN BMD  
Address 510 CORDAY STREET  
City-State-Zip: PENSACOLA FL 32503

Title CEO  
Name GULMI, CLAIRE  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title VP & S  
Name MARCUS, JILLIAN  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title PD  
Name COWARD, ROBERT  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title EVP  
Name DROZDOW, GILBERT  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title VP & T  
Name EASTRIDGE, KEVIN  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

Title ASST SECY  
Name SANTARONE, STACY  
Address 1613 NORTH HARRISON PARKWAY,  
SUITE 200  
City-State-Zip: SUNRISE FL 33323

*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

VP

04/21/2016

Electronic Signature of Signing Officer/Director Detail

Date