

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# V41951

Entity Name: COMPREHENSIVE PAIN MEDICINE, INC.

Current Principal Place of Business:

510 CORDAY STREET
PENSACOLA, FL 32503

FILED
Apr 24, 2015
Secretary of State
CC4215087454

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

04/24/2015

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

04/24/2015

Electronic Signature of Signing Officer/Director Detail

Date