

2016 FLORIDA PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# V41951

Entity Name: COMPREHENSIVE PAIN MEDICINE, INC.**Current Principal Place of Business:**510 CORDAY STREET
PENSACOLA, FL 32503**Current Mailing Address:**7700 WEST SUNRISE BOULEVARD
MAILSTOP PL-6
PLANTATION, FL 33322 US**FEI Number:** 59-3129628**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MARCUS, JILLIAN
7700 WEST SUNRISE BOULEVARD
PLANTATION, FL 33322 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

10/27/2016

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	VP & S
Name	MARCUS, JILLIAN
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322
Title	EVP
Name	DROZDOW, GILBERT
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322
Title	ASST SECY
Name	SANTARONE, STACY
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322

Title	CEOD
Name	GULMI, CLAIRE
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322
Title	PD
Name	COWARD, ROBERT
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322
Title	VP & T
Name	EASTRIDGE, KEVIN
Address	7700 WEST SUNRISE BOULEVARD
City-State-Zip:	PLANTATION FL 33322

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

VICE PRESIDENT

10/27/2016

Electronic Signature of Signing Officer/Director Detail

Date