2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 22, 2025
Secretary of State
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Entity Name: FLA MEDICAL PAIN RELIEF CENTER, LLC

Current Principal Place of Business:

9877 PINES BOULEVARD,
PEMBROKE PINES, FL 33024

Current Mailing Address:

PO BOX 766
GOTHA, FL 34734 US

FEI Number: 65-1031192

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DUBRAVETZ, JERRY
1753 SUGAR COVE COURT
OCOEE, FL 34761 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

Authorized Person(s) Detail :

Title	MGRM
Name	PAIN CENTERS MANAGEMENT CO., INC.
Address	PO BOX 766
City-State-Zip:	GOTHA FL 34734

Title	MEMBER
Name	JONES, JEFF C
Address	PO BOX 766
City-State-Zip:	GOTHA FL 34734

Title	MGRM
Name	DUBRAVETZ, JERRY
Address	PO BOX 766
City-State-Zip:	GOTHA FL 34734

Title	MEMBER
Name	JONES, JANE L
Address	PO BOX 766
City-State-Zip:	GOTHA FL 34734

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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JERRY DUBRAVETZ MANAGER 01/22/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date