

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L01000016041

**FILED**  
**Jan 26, 2020**  
**Secretary of State**  
**5683111212CC**

**Entity Name:** COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

2585 SOUTH STATE ROAD 7  
SUITE 110  
WELLINGTON, FL 33414

**Current Mailing Address:**

2585 SOUTH STATE ROAD 7  
SUIT 110  
WELLINGTON, FL 33414 US

**FEI Number:** 65-1139535

**Certificate of Status Desired:** Yes

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

GOLDFARB, HOWELL R  
2585 SOUTH STATE ROAD 7  
SUITE 110  
WELLINGTON, FL 33414 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:** HOWELL R. GOLDFARB

01/26/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GOLDFARB, HOWELL R  
Address 2585 SOUTH STATE ROAD 7  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name HINDIN, BRUCE I  
Address 2585 SOUTH STATE ROAD 7  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name DIETRICK, KEITH J  
Address 2585 SOUTH STATE ROAD 7  
City-State-Zip: WELLINGTON FL 33414

Title MGRM  
Name PORRATA, HUMBERTO L  
Address 2585 SOUTH STATE ROAD 7  
City-State-Zip: WELLINGTON FL 33414

*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:** HOWELL GOLDFARB

**MANAGER**

01/26/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date