

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L01000016041

FILED
Jan 16, 2015
Secretary of State
CC1770579712

Entity Name: COMPREHENSIVE PAIN CARE OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

440 N. STATE ROAD 7
SUITE 107
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

440 N. STATE ROAD 7
SUITE 107
ROYAL PALM BEACH, FL 33411

FEI Number: 65-1139535

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HERNANDEZ, ZOILA M
2980 BOLTON CT.
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: _____

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GOLDFARB, HOWELL R
Address 440 N. STATE ROAD 7 SUITE 107
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MGRM
Name HINDIN, BRUCE I
Address 440 N. STATE ROAD 7 SUITE107
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MGRM
Name DIETRICK, KEITH J
Address 440 N. STATE ROAD 7 SUITE 107
City-State-Zip: ROYAL PALM BEACH FL 33411

Title MGRM
Name PORRATA, HUMBERTO L
Address 440 N. STATE ROAD 7 SUITE 107
City-State-Zip: ROYAL PALM BEACH FL 33411

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

MEDICAL DIRECTOR

01/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date