**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 11, 2025**
**Secretary of State**
**9501356410CC**

DOCUMENT# L06000119392

**Entity Name:** NATIONAL PAIN RESEARCH INSTITUTE, LLC

**Current Principal Place of Business:**

5280 CORPORATE DRIVE
SUITE C-250
FREDERICK, MD 21703

**Current Mailing Address:**

5280 CORPORATE DRIVE
SUITE C-250
FREDERICK, MD 21703 US

**FEI Number: 20-8133747**

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: JOE DAVIS, ASST. SECRET. 04/11/2025

Electronic Signature of Registered Agent — Date

**Authorized Person(s) Detail :**

| | |
|---|---|
| Title | MEMBER |
| Name | FLORIDA PAIN & REHABILITATION ASSOCIATES, INC. |
| Address | 5280 CORPORATE DRIVE<br>SUITE C-250 |
| City-State-Zip: | FREDERICK MD 21703 |

| | |
|---|---|
| Title | AUTHORIZED SIGNATORIES |
| Name | SAJAN, CHERIAN M.D. |
| Address | 5280 CORPORATE DRIVE<br>SUITE C-250 |
| City-State-Zip: | FREDERICK MD 21703 |

*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: CHERIAN SAJAN M.D. AUTHORIZED SIGNATORIES 04/11/2025

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