

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088545

**Entity Name:** PAIN MANAGEMENT OF TAMPA, LLC

**Current Principal Place of Business:**

2901 W. BUSCH BLVD.  
#610  
TAMPA, FL 33618

**Current Mailing Address:**

2901 W. BUSCH BLVD.  
#610  
TAMPA, FL 33618 US

**FEI Number:** 20-8948126

**Certificate of Status Desired:** Yes

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

STRAUSS, ANDREJS V DR.  
2901 W. BUSCH BLVD.  
# 610  
TAMPA, FL 33618 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:** ANDREJS STRAUSS

01/28/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FETTER, GEORGE  
Address 2901 W. BUSCH BLVD. # 610  
City-State-Zip: TAMPA FL 33618

*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:** GEORGE FETTER

MGR

01/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date