

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000115123

Entity Name: ANESCO INTERVENTIONAL PAIN INSTITUTE LLC

Current Principal Place of Business:

2825 N STATE ROAD 7
SUITE 204
MARGATE, FL 33063

Current Mailing Address:

3536 N FEDERAL HWY
SUITE 202
FORT LAUDERDALE, FL 33308 US

FEI Number: 45-3581850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REYNOLDS, KEVIN
2401 NW BOCA RATON BLVD
BOCA RATON, FL 33431 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 MELI, RICHARD
Address 3536 N FEDERAL HWY
STE 202
City-State-Zip: FT LAUDERDALE FL 33308

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: RICHARD MELI

MGRM

06/09/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date