2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023220

Entity Name: GULF COAST PAIN CONSULTANTS, LLC

Current Principal Place of Business:

2114 AIRPORT BLVD SUITE 1400

PENSACOLA, FL 32504-9075

Current Mailing Address:

201 DEFENSE HIGHWAY

STE 205

ANNAPOLIS, MD 21401 US

FEI Number: 46-2054352 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM 1200 S PINE ISLAND RD 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:

Address

Name

Electronic Signature of Registered Agent

Date

FILED Feb 09, 2021

Secretary of State

0467641696CC

Authorized Person(s) Detail:

Title AMBR Title

Name CLEARWAY PAIN SOLUTIONS Name VILLATORO, ALBERTO

INSTITUTE, LLC

C/O NEXPHASE CAPITAL

Address
201 DEFENSE HIGHWAY
STE 205

CFO

C/O NEXPHASE CAPITAL STE 205
600 LEXINGTON AVE, 12TH FLOOR

City-State-Zip: ANNAPOLIS MD 21401

City-State-Zip: NEW YORK NY 10022

Title CEO Title PRESIDENT

Name FREAS, DAMEAN Name KORNBLUTH, IRA

Address 201 DEFENSE HIGHWAY STE 205

STE 205

City-State-Zip: ANNAPOLIS MD 21401

Title COMPTROLLER

Address 201 DEFENSE HIGHWAY

WINIK. MARSHA

STE 205

City-State-Zip: ANNAPOLIS MD 21401

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: MARSHA WINIK CONTROLLER 02/09/2021