

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000097330

**Entity Name:** PAIN TREATMENT CENTERS OF FLORIDA, PLLC

**Current Principal Place of Business:**

2300 SOUTH PINE AVENUE, SUITE A  
OCALA, FL 34471

**Current Mailing Address:**

2300 SOUTH PINE AVENUE, SUITE A  
OCALA, FL 34471

**FEI Number:** 20-3086839

**Certificate of Status Desired:** No

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

GRESSER, YORK R  
2300 SOUTH PINE AVENUE, SUITE A  
OCALA, FL 34471 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           MANAGING MEMBER  
Name           PYLES, STEPHEN T  
Address        2300 SOUTH PINE AVENUE, SUITE A  
City-State-Zip: Ocala FL 34471

*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:** STEPHEN T PYLES

**MANAGING MEMBER**

**04/14/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date