

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000073093

Entity Name: COMPREHENSIVE PAIN OF THE PALM BEACHES PLLC

Current Principal Place of Business:

4897 S JOG RD
SUITE "B"
GREENACRES, FL 33467

Current Mailing Address:

4897 S JOG RD
SUITE "B"
GREENACRES, FL 33467 US

FEI Number: 81-1092625

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WINESS, ROBERT ESQ.
370 CAMINO GARDENS BLVD.
106
BOCA RATON, FL 33432 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: ROBERT WINESS

04/29/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name GATZ, BART
Address 4897 S JOG RD
SUITE "B"
City-State-Zip: GREENACRES FL 33467

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: BART GATZ

MGR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date