

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000073093

**FILED**  
**Feb 28, 2023**  
**Secretary of State**  
**2188045249CC**

**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:** 47-3971884

**Certificate of Status Desired:** No

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

FLORIDA HEALTHCARE LAW FIRM  
151 NW 1ST AVENUE  
DELRAY BEACH, FL 33444 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:** CARLOS H. ARCE, ESQ.

02/28/2023

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

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

Title MGR  
Name GATZ, BARBARA  
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:** JORDAN LITTEN

**AUTHORIZED REP**

02/28/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date