

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000037793

**Entity Name:** CENTER FOR ADDICTION AND PAIN MANAGEMENT LLC

**Current Principal Place of Business:**

235 CITRUS TOWER BOULEVARD  
SUITE 104  
CLERMONT, FL 34711-2712

**Current Mailing Address:**

235 CITRUS TOWER BOULEVARD  
SUITE 104  
CLERMONT, FL 34711-2712 US

**FEI Number:** 81-1624365

**Certificate of Status Desired:** No

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

SAINT-LOUIS, OBED N MD  
235 CITRUS TOWER BOULEVARD  
SUITE 104  
CLERMONT, FL 34711-2712 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            AMBR  
Name            SAINT-LOUIS, OBED N  
Address        235 CITRUS TOWER BOULEVARD  
                  SUITE 104  
City-State-Zip: CLERMONT FL 34711-2712

*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:** OBED SAINT-LOUIS

CEO

04/04/2019

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

\_\_\_\_\_  
Date