

2020 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: SAINT-LOUIS, OBED

AMBR

01/02/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date