

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000034290

Entity Name: ORLANDO PAIN MANAGEMENT LLC

Current Principal Place of Business:

660 PALM SPRINGS DRIVE
SUITE A
ALTAMONTE SPRINGS, FL 32701

Current Mailing Address:

660 PALM SPRINGS DRIVE
SUITE A
ALTAMONTE SPRINGS, FL 32701 US

FEI Number: 82-4372295

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

POPA, VINCENTIU
660 PALM SPRINGS DRIVE
SUITE A
ALTAMONTE SPRINGS, FL 32701 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 MGR
Name POPA, VINCENTIU
Address 719 BUTTERNUT DR.
City-State-Zip: FRANKLIN LAKES NJ 07417

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: VINCENTIU POPA

OWNER

02/08/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date