

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000089341

Entity Name: ART OF MEDICINE PAIN SPECIALISTS, LLC

Current Principal Place of Business:

5012 GROVELAND TERRACE
NAPLES, FL 34119

Current Mailing Address:

5012 GROVELAND TERRACE
NAPLES, FL 34119

FEI Number: 83-4286518

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TAX & FINANCIAL STRATEGISTS LLC
28089 VANDERBILT DR
SUITE 201
BONITA SPRINGS, FL 34134 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 LOCKHART, DEWAYNE
Address 5012 GROVELAND TERRACE
City-State-Zip: NAPLES FL 34119

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: LOCKHART , DEWAYNE _____

AMBR

04/28/2021

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date