

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000254985

Entity Name: SARASOTA INTERVENTIONAL PAIN PARTNERS, LLC

Current Principal Place of Business:

333 S. TAMIAMI TRAIL, SUITE 169/171
VENICE, FL 34285

Current Mailing Address:

333 S. TAMIAMI TRAIL, SUITE 169/171
VENICE, FL 34285 US

FEI Number: 84-3451095

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHESTNUT BUSINESS SERVICES, LLC
333 3RD AVENUE NORTH, SUITE 200
ST. PETERSBURG, FL 33701 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 JOB, LINDSEY M.D.
Address 333 S. TAMIAMI TRAIL, SUITE 169/171

City-State-Zip: VENICE FL 34285

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: LINDSEY JOB, M.D.

MANAGER

03/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date