

**2023 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:**

BLALOCK WALTERS, P.A.  
2 N. TAMIAMI TRAIL  
SUITE 400  
SARASOTA, FL 34236 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:** SARAH ORENDORFF | FRP

07/12/2023

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

MANAGER

07/12/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date