

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000126335

Entity Name: COASTAL PAIN MANAGEMENT, PLLC

Current Principal Place of Business:

14 LIVE OAK STREET
SUITE C4
GULF BREEZE, FL 32561

Current Mailing Address:

14 LIVE OAK STREET
SUITE C4
GULF BREEZE, FL 32561 US

FEI Number: 85-1092728

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TUNKE, LAURA M
14 LIVE OAK STREET
SUITE C4
GULF BREEZE, FL 32561 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 MANAGER
Name TUNKE, LAURA M
Address 14 LIVE OAK STREET
 SUITE C4
City-State-Zip: GULF BREEZE FL 32561

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: LAURA TUNKE

OWNER

02/15/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date