

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000304996

**FILED**  
**Jan 05, 2024**  
**Secretary of State**  
**9707649179CC**

**Entity Name:** COMPREHENSIVE PAIN MANAGEMENT AND REHABILITATION LLC

**Current Principal Place of Business:**

10238 SW 86TH CIRCLE  
SUITE 300  
OCALA, FL 34481

**Current Mailing Address:**

4871 SW 63RD ST  
OCALA, FL 34474 US

**FEI Number: 87-1520955**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

JOLLU, MADDANNA CHAYAPATHY DR.  
4871 SW 63RD ST  
OCALA, FL 34474 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:** MADDANNA CHAYAPATHY JOLLU

01/05/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	FRANCO SANABRIA, RINA MERCEDIS	Name	JOLLU, MADDANNA CHAYAPATHY
Address	4871 SW 63RD ST	Address	4871 SW 63RD ST
City-State-Zip:	OCALA FL 34474	City-State-Zip:	OCALA FL 34474

*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:** MADDANNA CHAYAPATHY JOLLU

MD

01/05/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date