

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000304996

FILED
Jan 10, 2023
Secretary of State
4597866486CC

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 C JOLLU

01/10/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	AMBR
Name	FRANCO SANABRIA, RINA MERCEDDES	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 C JOLLU

MD

01/10/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date