

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000507646

**Entity Name:** MMCO PAIN MANAGEMENT LLC

**Current Principal Place of Business:**

1800 N FEDERAL HWY  
SUITE 105  
POMPANO BEACH, FL 33062

**Current Mailing Address:**

1800 N FEDERAL HWY  
SUITE 105  
POMPANO BEACH, FL 33062 US

**FEI Number:** 87-3807646

**Certificate of Status Desired:** No

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

NELPI SERVICES INC  
2393 SOUTH CONGRESS AVE  
STE 223  
PALM SPRING, FL 33406 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:** NELSON BALLESTEROS

01/19/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name CRISTANCHO, MARIA M  
Address 1800 N FEDERAL HWY STE 105  
City-State-Zip: POMPAÑO BEACH FL 33062

*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:** MARIA CRISTANCHO

MD OWNER

01/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date