

2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P11000100982

Entity Name: PAIN PHYSICIANS OF CENTRAL FLORIDA, P.A.

Current Principal Place of Business:

20 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215

Current Mailing Address:

20 BURTON HILLS BLVD
SUITE 500
NASHVILLE, TN 37215 US

FEI Number: 45-3912103

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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

Officer/Director Detail :

Title DIRECTOR, PRESIDENT,
 SECRETARY, TREASURER
Name LOSKOVE, M.D., JOSEPH
Address 20 BURTON HILLS BLVD
 SUITE 500
City-State-Zip: NASHVILLE TN 37215

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOSEPH LOSKOVE, M.D.

SECRETARY

04/18/2024

_____ Electronic Signature of Signing Officer/Director Detail

_____ Date