


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 31, 2008 08:00 A
Secretary of State

DOCUMENT # L06000042160 1. Entity Name SARASOTA PAIN MEDICINE, PLLC	
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Principal Place of Business 5350 UNIVERSITY PARKWAY SARASOTA, FL 34243 FL	Mailing Address 5350 UNIVERSITY PARKWAY SARASOTA, FL 34243 FL
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DO NOT WRITE IN THIS SPACE

02162008 No Chg-LLC CR2E083 (12/07)

4. FEI Number 20-4690921	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent ERB, DONALD L 5350 UNIVERSITY PARKWAY SARASOTA, FL 34243

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when renewing) DATE _____

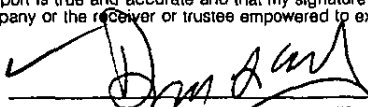
FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

U000000875476
04/11/08-80034-019 138.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ERB, DONALD L 5350 UNIVERSITY PKWY SARASOTA, FL 34243
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IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.

SIGNATURE:  DONALD L. ERB 3/27/08 944-924-5019

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #