2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

ANNUAL REPORT				Wiai 31, 2000 00.		
DOCL	JMENT # L06000	042160			Secretary of St	
SARASOTA PAIN MEDICINE, PLLC						
Principal Pla	ice of Business	Mailing Address				
5350 UNIVERSITY PARKWAY 5350 UNIVERSITY PARKWAY SARASOTA, FL 34243 FL SARASOTA, FL 34243 FL						
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				02162008 No Chg-LLC	CR2E083 (12/07)	
ſ	O NOT WR	TE IN THIS SP	ACE		Applied For	
Market Caramer Section	antiga, mating to solve a	The state of the s		4. FEI Number 20-4690921	Not Applicable	
				5. Certificate of Status Desired	\$5.00 Additional Fee Regulred	
Traine The State of the State o	6. Name and Address of C	urrent Registered Agent				
ERB, DOI				DO NOT V	PITE	
5350 UNIVERSITY PARKWAY SARASOTA, FL 34243					《《···································	
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			march to the activities	and the same		
	e named entity submits this stater utions of registered agent.	nent for the purpose of changing its reg	stered office or registere	nd agent, or both, in the State of F	lorida. I am familiar with, and accept	
SIGNATURE						
	Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE: Re	ristered Agent signature required t	when renslating)	DATE	
	E NOW!!! FEE IS \$138.7! y 1, 2008 Fee will be \$5			Hanne	09 7 5476	
				04/11/09	0875476 80034-019_138_75	
9, Title	MANAGING M	MEMBERS/MANAGERS				
NAME	ERB, DONALD L		Park to America	The state of the state of		
STREET ADDRESS CITY-ST-ZIP	5350 UNIVERSITY PKWY SARASOTA, FL 34243		COMPANY OF THE STATE OF THE STA			
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NAME STREET ADDRESS						
CITY-ST-ZIP						
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NAME	•					
STREET ADDRESS CITY - ST - ZIP						

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:

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

J DONALD. L. ERB

BIGNATURE AND TYPED OR PRINTED NAME OF SURING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

3/27/08 _944-924-5019

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