

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063889

FILED  
Mar 24, 2009  
Secretary of State

Entity Name: SARASOTA PAIN MEDICINE RESEARCH, LLC

## Current Principal Place of Business:

5880 RAND BLVD, STE 207  
SARASOTA, FL 34238

## New Principal Place of Business:

5880 RAND BLVD, STE 207/215  
SARASOTA, FL 34238

## Current Mailing Address:

5880 RAND BLVD, STE 207  
SARASOTA, FL 34238

## New Mailing Address:

5880 RAND BLVD, STE 207/215  
SARASOTA, FL 34238

FEI Number: 26-2881138

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

ERB, DONALD  
5880 RAND BLVD, STE 207  
SARASOTA, FL 34238 US

## Name and Address of New Registered Agent:

ERB, DONALD  
5880 RAND BLVD, STE 207/215  
SARASOTA, FL 34238 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:

03/24/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: ERB, DONALD  
Address: 5880 RAND BLVD., SUITE 207  
City-St-Zip: SARASOTA, FL 34238

Title: MGRM ( ) Delete  
Name: MIGUEL, RAFAEL  
Address: 5880 RAND BLVD., SUITE 207  
City-St-Zip: SARASOTA, FL 34248

Title: MGRM ( ) Delete  
Name: DYCHES, PATRICIA  
Address: 5880 RAND BLVD., SUITE 207  
City-St-Zip: SARASOTA, FL 34248

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: ERB, DONALD  
Address: 5880 RAND BLVD., SUITE 207/215  
City-St-Zip: SARASOTA, FL 34238

Title: MGRM (X) Change ( ) Addition  
Name: MIGUEL, RAFAEL  
Address: 5880 RAND BLVD., SUITE 207/215  
City-St-Zip: SARASOTA, FL 34248

Title: MGRM (X) Change ( ) Addition  
Name: DYCHES, PATRICIA  
Address: 5880 RAND BLVD., SUITE 207/215  
City-St-Zip: SARASOTA, FL 34248

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: PATRICIA DYCHES

MGRM

03/24/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date