

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000063889

FILED
Jan 11, 2010
Secretary of State

Entity Name: SARASOTA PAIN MEDICINE RESEARCH, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

5880 RAND BLVD, STE 215
SARASOTA, FL 34238

Current Mailing Address:

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

New Mailing Address:

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

Name and Address of New Registered Agent:

ERB, DONALD
5880 RAND BLVD, STE 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:

01/11/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ERB, DONALD
Address: 5880 RAND BLVD., SUITE 215
City-St-Zip: SARASOTA, FL 34238

Title: MGRM
Name: MIGUEL, RAFAEL
Address: 5880 RAND BLVD., SUITE 215
City-St-Zip: SARASOTA, FL 34248

Title: MGRM
Name: DYCHES, PATRICIA
Address: 5880 RAND BLVD., SUITE 215
City-St-Zip: SARASOTA, FL 34248

I hereby 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

01/11/2010

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