2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2011
Secretary of State

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Entity Name: COMPREHENSIVE ORTHOPEDIC PAIN CENTER OF SARASOTA,LLC

Current Principal Place of Business:

7964 MEGAN HAMMOCK WAY
SARASOTA, FL 34240

New Principal Place of Business:

Current Mailing Address:

7964 MEGAN HAMMOCK WAY
SARASOTA, FL 34240

New Mailing Address:

FEI Number: 27-1091876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DIAZ, CARLOS A MD
7964 MEGAN HAMMOCK WAY
SARASOTA, FL 34240 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DIAZ, CARLOS A MD
Address: 7964 MEGAN HAMMOCK WAY
City-St-Zip: SARASOTA, FL 34240 US

Title: MGRM
Name: DIAZ, IVELISSE M
Address: 7964 MEGAN HAMMOCK WAY
City-St-Zip: SARASOTA, FL 34240 US

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 Statues.

SIGNATURE: CARLOS A DIAZ MGR 03/30/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date