

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095483

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** ABDOMINAL PAIN SOLUTIONS OF FLORIDA, LLC

**Current Principal Place of Business:**

5700 MIDNIGHT PASS RD  
STE 4  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

5700 MIDNIGHT PASS RD  
STE 4  
SARASOTA, FL 34242

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HERMOYIAN, EDWARD J  
5700 MIDNIGHT PASS RD  
STE 4  
SARASOTA, FL 34242 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:** NOBACK, CARL R MD  
**Address:** 5700 MIDNIGHT PASS RD.  
**City-St-Zip:** SARASOTA, FL 34242

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: CARL R. NOBACK, MD                      MGR                      04/20/2011

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