

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125362

Entity Name: SAR PAIN INSTITUTE LLC

FILED
Feb 16, 2011
Secretary of State

Current Principal Place of Business:

506 S.E. 47TH TERRACE, SUITE A
CAPE CORAL, FL 33904

New Principal Place of Business:

506 S.E. 47TH TERRACE
SUITE B
CAPE CORAL, FL 33904

Current Mailing Address:

506 S.E. 47TH TERRACE, SUITE A
CAPE CORAL, FL 33904

New Mailing Address:

506 S.E. 47TH TERRACE
SUITE B
CAPE CORAL, FL 33904

FEI Number: 27-4118275

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COURSON, DAVID
506 S.E. 47TH TERRACE, SUITE A
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

COURSON, DAVID
506 S.E. 47TH TERRACE
SUITE A
CAPE CORAL, FL 33904 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: DAVID A. COURSON

02/16/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: ROSS, STEPHEN M MD
Address: 17501 OHARA DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33948

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: STEPHEN M. ROSS MD

MGR

02/16/2011

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