

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125362

Entity Name: SAR PAIN INSTITUTE LLC

FILED
Jan 10, 2012
Secretary of State

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

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: 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: DAVID A. COURSON

RA

01/10/2012

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