

# 2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P08000091299

**FILED**  
**Apr 30, 2009**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE PAIN CENTER OF SARASOTA, INC.

**Current Principal Place of Business:**

1921 WALDEMERE ST.  
707  
SARASOTA, FL 34239

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 39  
SARASOTA, FL 34230

**New Mailing Address:**

FEI Number: 26-3558494

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

RODRIGUEZ, TOMAS  
800 N TAMIAMI TRAIL #1509  
SARASOTA, FL 34236 US

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

RODRIGUEZ, TOMAS  
800 N TAMIAMI TRAIL  
1509  
SARASOTA, FL 34236 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: TOMAS RODRIGUEZ

04/30/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: PSDT ( ) Delete  
Name: DIAZ-RAMIREZ, MYRDALIS  
Address: PO BOX 39  
City-St-Zip: SARASOTA, FL 34230

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MYRDALIS DIAZ-RAMIREZ

PSDT

04/30/2009

Electronic Signature of Signing Officer or Director

Date