## 2012 FOR PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# P09000081180

Entity Name: SARASOTA PAIN MANAGEMENT, INC.

Electronic Signature of Registered Agent

FILED Apr 23, 2012 Secretary of State

Date

**New Principal Place of Business: Current Principal Place of Business:** 5580 BEE RIDGE RD **BLDG B** SARASOTA, FL 34233 **Current Mailing Address: New Mailing Address:** 5580 BEE RIDGE RD **BLDG B** SARASOTA, FL 34233 FEI Number: 27-1041496 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TWYMAN, COURTLAND 5580 BEE RIDGE RD BLDG B SARASOTA, FL 34233 US The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both,

## **OFFICERS AND DIRECTORS:**

Title: PSTD

in the State of Florida.

SIGNATURE:

 Name:
 TWYMAN, COURTLAND

 Address:
 5580 BEE RIDGE RD., BLDG. B

 City-St-Zip:
 SARASOTA, FL 34233

I hereby 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 all other like empowered.

SIGNATURE: COURTLAND TWYMAN PSTD 04/23/2012