


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

05-27-2008 90040 003 ***158.75

| | |
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| DOCUMENT # P98000067388 |  |
| 1. Entity Name SARASOTA PAIN ASSOCIATES, P.A. | |

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|--|---|
| Principal Place of Business 6150 EDGELAKE DRIVE SARASOTA, FL 34240 | Mailing Address P O BOX 3339 924 SARASOTA, FL 34230 TALLEVAST, FL 34270 |
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DO NOT WRITE IN THIS SPACE



04212008 No Chg-P CR2E034 (11/05)

| | |
|------------------------------------|--|
| 4. FEI Number 65-0856059 | Applied For <input type="checkbox"/> Not Applicable |
|------------------------------------|--|

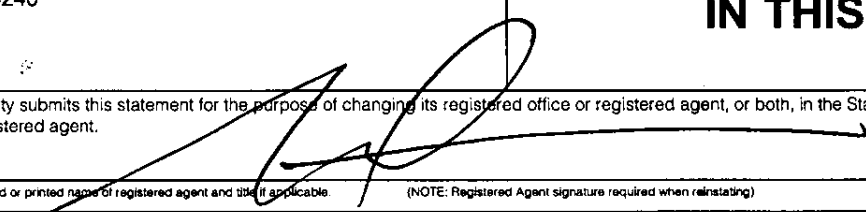
| | |
|--|---------------------------------------|
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
|--|---------------------------------------|

6. Name and Address of Current Registered Agent

**CHUN, STEVEN
6150 EDGELAKE DRIVE
SARASOTA, FL 34240**

DO NOT WRITE IN THIS SPACE

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  (NOTE: Registered Agent signature required when reinstating)

4/25/08

**FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D CHUNG, STEVEN 6150 EDGELAKE DRIVE SARASOTA, FL 34240 |
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR** Date **4/25/08** Daytime Phone #

947342-3231