

**2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P08000091299

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

**Current Principal Place of Business:**

1921 WALDEMERE ST  
STE 607  
SARASOTA, FL 34239

**Current Mailing Address:**

PO BOX 39  
SARASOTA, FL 34230

**FEI Number:** 26-3558494

**Certificate of Status Desired:** No

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

RODRIGUEZ, TOMAS  
3618 TORREY PINES LN  
SARASOTA, FL 34238 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:** \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PSDT  
Name DIAZ-RAMIREZ, MYRDALIS  
Address PO BOX 39  
City-State-Zip: SARASOTA FL 34230

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:** MYRDALIS DIAZ-RAMIREZ

**MANAGER**

**02/23/2015**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date