

**2024 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000004418

**Entity Name:** SARASOTA PAIN TREATMENT CENTER, INC.

**Current Principal Place of Business:**

2389 RINGLING BLVD.  
STE B  
SARASOTA, FL 34237

**Current Mailing Address:**

5091 HOULE PLACE  
SARASOTA, FL 34232 US

**FEI Number:** 46-1817669

**Certificate of Status Desired:** No

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

SMITH, CASEY C  
2389 RINGLING BLVD.  
STE B  
SARASOTA, FL 34237 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:** CASEY SMITH

04/12/2024

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title           MANAGER  
Name           SMITH, CASEY  
Address       5091 HOULE PLACE  
City-State-Zip: SARASOTA FL 34232

*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:** CASEY SMITH

**REGISTERED AGENT**

04/12/2024

Electronic Signature of Signing Officer/Director Detail

Date