

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000125362

**Entity Name:** SAR PAIN INSTITUTE LLC

**Current Principal Place of Business:**

506 S.E. 47TH TERRACE  
SUITE B  
CAPE CORAL, FL 33904

**Current Mailing Address:**

506 S.E. 47TH TERRACE  
SUITE B  
CAPE CORAL, FL 33904

**FEI Number:** 27-4118275

**Certificate of Status Desired:** No

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

ROSS, STEPHEN M  
506 S.E. 47TH TERRACE  
SUITE A  
CAPE CORAL, FL 33904 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:** STEPHEN M ROSS

04/26/2013

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name ROSS, STEPHEN M MD  
Address 17501 OHARA DRIVE  
City-State-Zip: PORT CHARLOTTE FL 33948

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** STEPHEN M ROSS

MD, PHD

04/26/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date