

2014 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

03/17/2014

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: STEPHEN M ROSS

OWNER

03/17/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date