

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000125362

Entity Name: SAR PAIN INSTITUTE LLC

Current Principal Place of Business:

2706 SE SANTA BARBARA PLACE
CAPE CORAL, FL 33904

Current Mailing Address:

P.O. BOX 380877
MURDOCK, FL 33938 US

FEI Number: 27-4118275

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GONZALEZ, CRYSTAL L
2706 SE SANTA BARBARA PLACE
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: CRYSTAL L GONZALEZ

03/17/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEDICAL DIRECTOR, OWNER
Name ROSS, STEPHEN M MD
Address P.O. BOX 380877
City-State-Zip: MURDOCK FL 33938

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, MD

OWNER

03/17/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date