


2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 08, 2005 8:00 am
Secretary of State

08-08-2005 90149 003 ****50.00

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DOCUMENT # L04000084045					
1. Entity Name LASER SPINE INSTITUTE, LLC					
Principal Place of Business 3001 N ROCKY POINT DR E SUITE 400 TAMPA, FL 33607			Mailing Address 3001 N ROCKY POINT DR E SUITE 400 TAMPA, FL 33607		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 20-1902674	
				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
MINCK, LINDA R 5801 PELICAN BAY BLVD., SUITE 300 NAPLES, FL 34108-2709			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL		Zip Code
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
Filing Fee is \$50.00 Due by September 7, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SURGEN, MICHAEL D		NAME		
STREET ADDRESS	3001 N ROCKY POINT DR E SUITE 400		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33607		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
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NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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.					
SIGNATURE: <i>Michael D. Surgen</i>		MICHAEL D. SURGEN		8/3/04 813-289-9613	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date		Daytime Phone #	