

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000084045

FILED  
Apr 27, 2011  
Secretary of State

**Entity Name:** LASER SPINE INSTITUTE, LLC

**Current Principal Place of Business:**

3001 N ROCKY POINT DR E  
SUITE 380  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3001 N ROCKY POINT DR E  
SUITE 380  
TAMPA, FL 33607

**New Mailing Address:**

FEI Number: 20-1902674      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: V  
Name: ANDRZEJEWSKI, MARK  
Address: 3001 N ROCKY POINT DR E, SUITE 380  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information indicated on this 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.

SIGNATURE: MARK ANDRZEJEWSKI      V      04/27/2011

\_\_\_\_\_ Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date