

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000842

**FILED**  
**Jul 06, 2006**  
**Secretary of State**

**Entity Name:** LASER SPINE MEDICAL CLINIC, LLC

**Current Principal Place of Business:**

3001 N ROCKY POINT DR EAST  
SUITE 185  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

3001 N ROCKY POINT DR EAST  
SUITE 185  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:**  **FEI Number Applied For ( )**  **FEI Number Not Applicable (X)**  **Certificate of Status Desired ( )**   
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

MINCK, LINDA R ESQ  
5801 PELICAN BAY BLVD., STE. 300  
NAPLES, FL 341082709 US

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

MILLER, BROOKS C ESQ  
200 S BISCAYNE BLVD  
SUITE 1690  
MIAMI, FL 33131 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: BROOKS C. MILLER, ESQ.

07/06/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: SURGEN, MICHAEL D  
Address: 3001 N ROCKY POINT DR E SUITE 185  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: HORNE, WILLIAM  
Address: 3001 N ROCKY POINT DR E SUITE 185  
City-St-Zip: TAMPA, FL 33607

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: WILLIAM HORNE

MRG

07/06/2006

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