2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 18, 2007
Secretary of State

DOCUMENT# L05000000842

Entity Name: LASER SPINE MEDICAL CLINIC, LLC

Current Principal Place of Business:

3001 N ROCKY POINT DR EAST
SUITE 400
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

3001 N ROCKY POINT DR EAST
SUITE 400
TAMPA, FL 33607

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MILLER, BROOKS C ESQ
200 S BISCAYNE BLVD
SUITE 1690
MIAMI, FL 33131 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: MGR ( ) Delete
Name: HORNE, WILLIAM
Address: 3001 N ROCKY POINT DR E SUITE 185
City-St-Zip: TAMPA, FL 33607

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: BROOKS C. MILLER RA 01/18/2007

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