

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000842

**FILED  
Apr 27, 2011  
Secretary of State**

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

**Current Principal Place of Business:**

**New Principal Place of Business:**

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

**Current Mailing Address:**

**New Mailing Address:**

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

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

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

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** LASER SPINE INSTITUTE, LLC  
**Address:** 3001 N ROCKY POINT DRIVE E, STE 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

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04/27/2011

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