

**2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000864

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

**Entity Name:** LASER SPINE SURGICAL CENTER, LLC

**Current Principal Place of Business:**

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

**New Principal Place of Business:**

**Current Mailing Address:**

3001 N. ROCKY POINT DRIVE E.  
SUITE 380  
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:**

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: MGRM  
Name: LASER SPINE INSTITUTE, LLC  
Address: 3001 N. ROCKY POINT DRIVE 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

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04/27/2011

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