

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000864

FILED
Apr 29, 2012
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: LASER SPINE INSTITUTE, LLC MGRM 04/29/2012

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