

**2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000034693

**FILED  
Mar 31, 2010  
Secretary of State**

**Entity Name:** DISC & SPINE CARE CENTER, LLC

**Current Principal Place of Business:**

5340 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

**New Principal Place of Business:**

**Current Mailing Address:**

5340 CENTRAL AVENUE  
ST. PETERSBURG, FL 33707

**New Mailing Address:**

FEI Number: 26-4669429

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

COMPARETTO, ANTHONY J ESQ  
5340 CENTRAL AVENUE SUITE A  
ST. PETERSBURG, FL FL 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: P  
Name: STRUBBE, JAMES  
Address: 1024 CHERRY ST. NE  
City-St-Zip: ST. PETERSBURG, FL 33701

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: JAMES STRUBBE

P

03/31/2010

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