

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094573

FILED
Feb 24, 2010
Secretary of State

Entity Name: THE SPINE INSTITUTE AT ORTHOPAEDIC ASSOCIATES, P.L.

Current Principal Place of Business:

1034 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

1034 MAR WALT DRIVE
SUITE 310
FORT WALTON BEACH, FL 32547 US

Current Mailing Address:

1034 MAR WALT DRIVE
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

1034 MAR WALT DRIVE
SUITE 310
FORT WALTON BEACH, FL 32547 US

FEI Number: 27-1033257

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FOSTER, WILLIAM SCOTT
909 MAR WALT DRIVE, SUITE 1014
FORT WALTON BEACH, FL 32547 US

Name and Address of New Registered Agent:

POELSTRA, KORNELIS A
1034 MAR WALT DRIVE
SUITE 310
FORT WALTON BEACH, FL 32547 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: KORNELIS A. POELSTRA

02/24/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: POELSTRA, KORNELIS
Address: 1034 MAR WALT DRIVE, STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM
Name: KELLOGG, LORI LYNN
Address: 1034 MAR WALT DRIVE, STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547 US

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: KORNELIS A. POELSTRA

MGMR

02/24/2010

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