2010 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L09000094573

FILED Apr 12, 2010 Secretary of State

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

Current Principal Place of Business: New Principal Place of Business:

1034 MAR WALT DRIVE SUITE 310

FORT WALTON BEACH, FL 32547 US

Current Mailing Address: 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: 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:

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 Statues.

SIGNATURE: KORNELIS A POELSTRA DR 04/12/2010