

**2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000095560

**FILED  
Jan 13, 2012  
Secretary of State**

**Entity Name:** BROTH SPINE AND REHABILITATION CENTERS LLC

**Current Principal Place of Business:**

902 SW LOST RIVERSHORES DR  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

902 SW LOST RIVERSHORES DR  
STUART, FL 34997

**New Mailing Address:**

FEI Number: 27-3468777      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

BROTH, WAYNE  
902 SW LOST RIVERSHORES DR  
STUART, FL 34997    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: BROTH, WAYNE  
Address: 902 SW LOST RIVERSHORES DR  
City-St-Zip: STUART, FL 34997

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: WAYNE BROTH      MGR      01/13/2012

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