

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000000864

**Entity Name:** LASER SPINE SURGICAL CENTER, LLC

**Current Principal Place of Business:**

3001 N. ROCKY POINT DRIVE E.  
SUITE 380  
TAMPA, FL 33607

**Current Mailing Address:**

3001 N. ROCKY POINT DRIVE E.  
SUITE 380  
TAMPA, FL 33607

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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

**Authorized Person(s) Detail :**

Title MGR  
Name MEDICAL CARE MANAGEMENT SERVICES, LLC  
Address 3031 N ROCKY POINT DR. W STE 300  
City-State-Zip: TAMPA FL 33607

*I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: RAY MONTELEONE**

**SECRETARY**

**04/09/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date