

2015 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: 68-0599184

Certificate of Status Desired: Yes

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: RAYMOND MONTELEONE

CORPORATE SECRETAR 03/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date