

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104014

Entity Name: RENFROE SPINAL CENTER, LLC.

Current Principal Place of Business:

698 BRENT LANE
PENSACOLA, FL 32504

Current Mailing Address:

PO BOX 11637
PENSACOLA, FL 32524 US

FEI Number: 20-5769872

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GULF COAST PAIN INSTITUTE
698 BRENT LANE
PENSACOLA, FL 32504 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: JESSICA SORSBY

01/15/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title ADMINISTRATOR
Name SORSBY, JESSICA L
Address PO BOX 11637
City-State-Zip: PENSACOLA FL 32524

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: JESSICA SORSBY

ADMINISTRATOR

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date