

**2019 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

04/25/2019

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

04/25/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date