## 2017 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

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: Yes

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 08/30/2017

Electronic Signature of Registered Agent

Date

FILED Aug 30, 2017

**Secretary of State** 

CR6248293507

## 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

Electronic Signature of Signing Authorized Person(s) Detail

**ADMINISTRATOR** 

08/30/2017