

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000034693

Entity Name: DISC & SPINE CARE CENTER, LLC

Current Principal Place of Business:

5687 PARK BLVD.
PINELLAS PARK, FL 33781

Current Mailing Address:

5687 PARK BLVD.
PINELLAS PARK, FL 33781

FEI Number: 26-4669429

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COMPARETTO, ANTHONY JESQ
5340 CENTRAL AVENUE SUITE A
ST. PETERSBURG, FL 33712 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 P
Name STRUBBE, JAMES
Address 1024 CHERRY ST. NE
City-State-Zip: ST. PETERSBURG FL 33701

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES M STRUBBE

PRESIDENT

04/30/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date