

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000046073

**Entity Name:** CATALYST SPINAL INNOVATIONS, LLC

**Current Principal Place of Business:**

7314 RAMOTH DRIVE  
JACKSONVILLE, FL 32226

**Current Mailing Address:**

PO BOX 1693  
BOUNTIFUL, UT 84011

**FEI Number:** 27-2470890

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PIKE, ADAM  
7314 RAMOTH DRIVE  
JACKSONVILLE, FL 32226 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 MGRM  
Name BERRY MEDICAL ENTERPRISES, INC  
Address 514 FRANK SHAW RD  
City-State-Zip: TALLAHASSEE FL 32312

*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:** ADAM PIKE

MGR

01/17/2014

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date