

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000106829

**Entity Name:** COMPREHENSIVE SPINE INSTITUTE, L.L.C.

**Current Principal Place of Business:**

1988 GULF TO BAY BLVD  
CLEARWATER, FL 33765

**Current Mailing Address:**

1988 GULF TO BAY BLVD  
CLEARWATER, FL 33765 US

**FEI Number:** 27-3670784

**Certificate of Status Desired:** No

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

RAGAB, ASHRAF AM.D.  
1988 GULF TO BAY BLVD  
CLEARWATER, FL 33765 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           MANAGER  
Name           RAGAB, ASHRAF A DR.  
Address        1988 GULF TO BAY BLVD  
City-State-Zip: CLEARWATER FL 33765

*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:** ASHRAF RAGAB

MANAGER

01/11/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date