

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000149658

Entity Name: ALLEGIANCE ORTHOPAEDIC & SPINE INSTITUTE PLLC

Current Principal Place of Business:

101 NW 1ST AVE
B
DELRAY BEACH, FL 33444

Current Mailing Address:

101 NW 1ST AVE
B
DELRAY BEACH, FL 33444

FEI Number: 46-3948785

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BAKER, JOHN E
101 NW 1ST AVE
SUITE B
DELRAY BEACH, FL 33444 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 MGR
Name BAKER, JOHN E
Address 300 WESTMINSTER RD
City-State-Zip: WEST PALM BEACH FL 33405

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: JOHN BAKER

OWNER

01/10/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date