

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000128898

**Entity Name:** DELRAY SPINAL CARE CENTER LLC

**Current Principal Place of Business:**

3185 S FEDERAL HWY  
DELRAY BEACH, FL 33483

**Current Mailing Address:**

3185 S FEDERAL HWY  
DELRAY BEACH, FL 33483 US

**FEI Number:** 47-5473622

**Certificate of Status Desired:** No

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

ZEPHIRIN, JUDITH DC  
8732 GRAND PRIX LN  
BOYNTON BEACH , FL 33472 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 DR  
Name ZEPHIRIN, JUDITH  
Address 8732 GRAND PRIX LN  
City-State-Zip: BOYNTON BEACH FL 33472

*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:** JUDITH ZEPHIRIN

CLINICAL DIRECTOR

04/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date