

**2019 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  
9370 SW 8TH ST  
APT 105  
BOCA RATON, FL 33428 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 ZEPHIRIN, PEDRO  
Address 9370 SW 8TH ST, 105  
City-State-Zip: BOCA RATON FL 33428

Title DR  
Name ZEPHIRIN, JUDITH  
Address 9370 SW 8TH ST, 105  
City-State-Zip: BOCA RATON FL 33428

*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

**CLINIC DIRECTOR**

**02/02/2019**

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

\_\_\_\_\_  
Date