

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000199264

**Entity Name:** RESTORATIVE NONSURGICAL ORTHOPEDICS AND SPINE, LLC

**FILED**  
**Jan 07, 2017**  
**Secretary of State**  
**CC2981526110**

**Current Principal Place of Business:**

1181 SOUTH SUMTER BLVD  
SUITE 126  
NORTH PORT, FL 34287

**Current Mailing Address:**

1181 SOUTH SUMTER BLVD  
SUITE 126  
NORTH PORT, FL 34287 US

**FEI Number: NOT APPLICABLE**

**Certificate of Status Desired: No**

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

GOLDSTEIN, BRADLEY  
1181 SOUTH SUMTER BLVD  
SUITE 126  
NORTH PORT, FL 34287 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 GOLDSTEIN, BRADLEY  
Address 1181 SOUTH SUMTER BLVD SUITE  
126  
City-State-Zip: NORTH PORT FL 34287

*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: BRADLEY GOLDSTEIN**

**MGR**

**01/07/2017**

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

\_\_\_\_\_  
Date