

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000012393

Entity Name: GULF COAST SPINE, LLC

Current Principal Place of Business:

5031 S STATE RD 7
DAVIE, FL 33314

Current Mailing Address:

5031 S STATE RD 7
DAVIE, FL 33314 US

FEI Number: 81-1353398

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS, INC
3030 N ROCKY POINT DR
150A
TAMPA, FL 33607 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 ATKINSON, CHRISTOPHER
Address 5031 S STATE RD 7
City-State-Zip: DAVIE FL 33314

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: CHRISTOPHER ATKINSON

MANAGER

03/20/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date