

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000149173

**Entity Name:** ALIGN SPINAL HEALTH AND WELLNESS, LLC

**Current Principal Place of Business:**

5959 WINKLER RD  
APT. 315 B  
FORT MYERS, FL 33919

**Current Mailing Address:**

5959 WINKLER RD  
APT. 315 B  
FORT MYERS, FL 33919

**FEI Number:** 81-3749865

**Certificate of Status Desired:** No

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

ALOIA, FRANK J JR  
2254 1ST STREET  
FORT MYERS, FL 33901 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 HUFFMAN, BRIAN  
Address 5959 WINKLER RD, APT 315B  
City-State-Zip: FORT MYERS FL 33919

*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:** BRIAN HUFFMAN

**MANAGER**

**04/11/2017**

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

\_\_\_\_\_  
Date