

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000099241

Entity Name: HEALTH & SPINE MEDICAL CENTER LLC

Current Principal Place of Business:

820 PALMWAY STREET
KISSIMMEE, FL 34744

Current Mailing Address:

820 PALMWAY STREET
KISSIMMEE, FL 34744 US

FEI Number: 82-1588344

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL RIO, LUIS S
820 PALMWAY STREET
KISSIMMEE, FL 34744 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 P
Name DELRIO, LUIS
Address 820 PALMWAY STREET
City-State-Zip: KISSIMMEE FL 34744

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: LUIS DEL RIO

PRESIDENT

04/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date