

**2020 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**

**05/18/2020**

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

\_\_\_\_\_ Date