

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000209339

**Entity Name:** LOCAL SPINE, LLC

**Current Principal Place of Business:**

713 SANDPIPER WAY  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

713 SANDPIPER WAY  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 82-3028592

**Certificate of Status Desired:** No

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

TRIPLE C MEDICAL CORP  
713 SANDPIPER WAY  
NORTH PALM BEACH, FL 33408 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:** CASEY CAMERO

01/15/2020

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name TRIPLE C MEDICAL CORP  
Address 713 SANDPIPER WAY  
City-State-Zip: NORTH PALM BEACH FL 33408

Title AMBR  
Name CAMERO MEDICAL ENTERPRISE INC  
Address 17296 SE GALWAY CT  
City-State-Zip: JUPITER FL 33469

*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:** CASEY CAMERO

AMBR

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date