

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000257756

Entity Name: SPINAL CENTERS NEUROLOGIC SERVICES PLLC

Current Principal Place of Business:

24 E NINE MILE ROAD
PENSACOLA, FL 32534

Current Mailing Address:

516 YORK ST
GULF BREEZE, FL 32561 US

FEI Number: 82-4127968

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JEFFREY, NOON T
516 YORK ST
GULF BREEZE, FL 32561 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 NOON, JEFFREY T
Address 24 E NINE MILE RD
City-State-Zip: PENSACOLA FL 32534

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: NOON, JEFFREY T

MANAGER

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date