

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000170312

Entity Name: TOTAL SPINE AND BRAIN INSTITUTE, PLLC

Current Principal Place of Business:

1110 NIKKI VIEW DRIVE
BRANDON, FL 33511

Current Mailing Address:

1110 NIKKI VIEW DRIVE
BRANDON, FL 33511 US

FEI Number: 84-2251422

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GOODWIN, JAMES W
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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 LE, TIEN V M.D.
Address 1110 NIKKI VIEW DRIVE
City-State-Zip: BRANDON FL 33511

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: TIEN LE

MANAGER

04/25/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date