

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000218403

**Entity Name:** TAMPA BAY SPINE & SPORTS MEDICINE LLC

**Current Principal Place of Business:**

32815 US HWY 19 N  
SUITE 200  
PALM HARBOR, FL 34684

**Current Mailing Address:**

32815 US HWY 19 N  
SUITE 200  
PALM HARBOR, FL 34684 US

**FEI Number:** 84-2995860

**Certificate of Status Desired:** No

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

NYE, ERIC J  
32815 US HWY 19 N  
SUITE 200  
PALM HARBOR, FL 34684 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            AMBR  
Name            NYE, ERIC J  
Address        32815 US HWY 19 N STE 200  
City-State-Zip: PALM HARBOR FL 34684

Title            MGR  
Name            NYE, RACHEL  
Address        32815 US HWY 19 N STE 200  
City-State-Zip: PALM HARBOR FL 34684

*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:** RACHEL NYE

**MGR**

**04/14/2023**

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

\_\_\_\_\_  
Date