

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003459

**FILED**  
**Apr 30, 2013**  
**Secretary of State**  
**CC1800939074**

**Entity Name:** LASER SPINE INSTITUTE CONSULTING LLC

**Current Principal Place of Business:**

% LASER SPINE INSTITUTE LLC  
3031 N. ROCKY POINT DRIVE E., STE. 300  
TAMPA, FL 33607

**Current Mailing Address:**

% LASER SPINE INSTITUTE LLC  
3031 N. ROCKY POINT DRIVE E., STE. 300  
TAMPA, FL 33607

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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 HORNE, WILLIAM E  
Address 3031 N. ROCKY PT DRIVE E., STE. 300  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name GRAMMEN, ROBERT P  
Address 3031 N. ROCKY PT DRIVE E., STE. 300  
City-State-Zip: TAMPA FL 33607

Title MGR  
Name BOLLINGER, DOTTY  
Address 3031 N. ROCKY PT DRIVE E., STE. 300  
City-State-Zip: TAMPA FL 33607

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM E. HORNE

**CHAIRMAN, BOARD OF  
MANAGERS**

**04/30/2013**

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

\_\_\_\_\_  
Date