2001 UNIFORM BUSINESS REPORT (U	
ZUUT DRIFUKM BUSINESS KEPUKI U	UBBL
MAA'I AIIII AIIII BAAIIIBAA IIWI AIII <i>I</i>	

DOCUMENT # L0000013969 1. Entity Name FLORIDA SPINE RESEARCH CONSULTANTS, LLC					FILED							
						01 MAR 27 AM 9: 21						
Principal Place of Business Mailing Address						SECRETARY OF STATE TALLAHASSEE, FLORIDA						
2250 DREW STREET 2250 DREW STREET						·			J	-OINDA		
CLEARWATER FL 33765 CLEARWATER FL 33765							A RECORDING COM	BANN BANN IN	(1 11 00) 11 00 1	1916 (1911 (1916)	ALO DELLO IDEL LOG	ł
Principal Place of Business 3. Mailing Address												
Suite, Apt. #, etc. Suite, Apt. #, e						DO NOT WRITE IN THIS SPACE						
City & State	9	City & State <			s:	_4_ FEI I	Number 5	9-368	0773		Applied For Not Applicable	le .
Zip	Country	untry Zip Cou		itry		5. Certi		atus Desire		\$5.00 A	dditional	_
	6. Name and Address of Curre	nt Registered Agent	<u> </u>			7. Nam	e and Add	ress of Nev	w Register			
nio nu	н э			Name								
SAC, PAU 2250 DRE	JL J EW STREET			Street Address (P.O. Box Number is Not Acceptable)								
CLEARWATER FL 33765											·	4
				City					<u> </u>	Zip Co	de	
8. The above	named entity submits this statement	t for the purpose of changing its	registere	ed office or	r registere	ed agent,	or both, in	the State of	Florida.		·	
SIGNATURE	Signature, typed or printed name of registered ag	ent and title if applicable. (NOT	E: Registere	d Agent signati	ure required v	when reinstat	ing)	-	DAT	TE		
		, , , ,		FEE IS \$							•	·:
		Make Check Pa				State						
9.	MANAGING MEM	MBERS/MEMBERS	^ 10.				<u> </u>	ADDITIO	NS/CHANC	BES		_
TITLE	MGRM	☐ Delete	TITLI							☐ Change	Additio	n {
NAME STREET ADDRESS	MORENO, ANTHONY P 2250 DREW STREET		NAM Stre	ET ADDRESS					398.	4880 -01063		00 (1
CITY-ST-ZIP	CLEARWATER FL 33765		CITY	-ST-ZIP					10/01-00 1450.00		<u>:50.00 </u>	_ ម៉
TITLE NAME	MGRM WEBB, SCOTT A	☐ Delete	TITLI NAM							☐ Change	Additio	ָר כ
STREET ADDRESS	2250 DREW STREET			ET ADDRESS								
CITY-ST-ZIP	CLEARWATER FL 33765	☐ Delete	TITU	-ST-ZIP	**	 -	-		·-	Change	Additio	n
NAME	MGRM ZAC, PAUL J	book	NAM	£	ZAI	C, PAI	ハユ	•		_ ·	_	ŀ
STREET AODRESS CITY-ST-ZIP	2250 DREW STREET CLEARWATER FL 33765			ET ADDRESS -ST-ZIP								ļ
TITLE	OLLANIA JEN 1 E 30700	☐ Delete	TITLI	E						☐ Change	e 🔲 Additio	ın
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS								
C!TY-ST-ZIP				-ST-ZIP								
TITLE NAME		☐ Delete	TITLI NAM							☐ Change	Additio	n
STREET ADDRESS			STRE	ET ADDRESS								
CITY-ST-ZIP TITLE		☐ Delete	TITLE	-ST-ZIP						☐ Change	Additio	n
NAME		□ Delete	NAM	Ε		•				- armite		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST-Zip						•		
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the fimited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.												
SIGNATURE: SIEDAMONIO 3/23/01												
SIGNAL	SIGNATURE AND TYPED OR PRINTED NAM	E OF SIGNING MANAGING MEMBER, MA	NAGER, OR	AUTHORIZED	REPRESEN	TATIVE	3 1	Date		Daytime Phone		