

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L02000005835

Entity Name: SPINECARE ASSOCIATES, L.L.C.**FILED**
Apr 20, 2009
Secretary of State**Current Principal Place of Business:**2250 DREW STREET
CLEARWATER, FL 33765**New Principal Place of Business:****Current Mailing Address:**

2250 DREW STREET
CLEARWATER, FL 33765**New Mailing Address:**

FEI Number: 03-0411884 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:BURCH, TODD
2250 DREW ST
CLEARWATER, FL 33765 US**Name and Address of New Registered Agent:**BURCH, TODD CFO
2250 DREW ST
CLEARWATER, FL 33765 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: TODD BURCH

04/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:Title: MGR () Delete
Name: TORRES, FRANCISCO M
Address: 2250 DREW ST
City-St-Zip: CLEARWATER, FL 33765**ADDITIONS/CHANGES:**Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE: FRANCISCO M. TORRES-RAMOS

MGR

04/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date