

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L02000018835

FILED
Mar 04, 2003
Secretary of State

Entity Name: BACK PAIN INSTITUTE OF TAMPA BAY, LLC

Current Principal Place of Business:

15630 LAKE IOLA ROAD
DADE CITY, FL 33523

New Principal Place of Business:

Current Mailing Address:

15630 LAKE IOLA ROAD
DADE CITY, FL 33523

New Mailing Address:

FEI Number: 30-0096693

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BECKEL, MARK P
15630 LAKE IOLA ROAD
DADE CITY, FL 33523

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: BECKEL, MARK P
Address: 15630 LAKE IOLA ROAD
City-St-Zip: DADE CITY, FL 33523

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: SPRUNT, WILLIAM
Address: 701 W. FLETCHER AVE SUITE B
City-St-Zip: TAMPA, FL 33612

I hereby certify that the information supplied with this filing does not qualify for the 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 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: MARK P. BECKEL

MGR

03/04/2003

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