## 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L03000011444

FILED Mar 20, 2007 Secretary of State

Entity Name: MICROSPINE SURGERY CENTER DEFUNIAK SPRINGS, LLC

Current Principal Place of Business: New Principal Place of Business:

100 COY BURGESS LOOP 101 MICROSPINE WAY

DEFUNIAK SPRINGS, FL 32435 US DEFUNIAK SPRINGS, FL 32435 US

Current Mailing Address: New Mailing Address:

100 COY BURGESS LOOP 101 MICROSPINE WAY

DEFUNIAK SPRINGS, FL 32435 US DEFUNIAK SPRINGS, FL 32435 US

FEI Number: 43-2006927 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

BARBER, ANGEL D
100 COY BURGESS LOOP

BARBER, ANGEL D
101 MICROSPINE WAY

DEFUNIAK SPRINGS, FL 32435 US DEFUNIAK SPRINGS, FL 32435 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: 03/20/2007

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

Title: MGR ( ) Delete Title: MGR (X) Change ( ) Addition

Name: MICROSPINE, INC., A, NEVADA CORPORA T ION Name: MICROSPINE, INC., A, NEVADA CORPORA T ION

Address: 100 COY BURGESS LOOP Address: 101 MICROSPINE WAY

City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

I hereby certify that the information supplied with this filing does not qualify for the 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: ANGEL BARBER MGR 03/20/2007