

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013667

**FILED**  
**Mar 20, 2007**  
**Secretary of State**

**Entity Name:** MICROSPINE PHYSICIANS GROUP, LLC

**Current Principal Place of Business:**

100 COY BURGESS LOOP  
DEFUNIAK SPRINGS, FL 32435 US

**New Principal Place of Business:**

101 MICROSPINE WAY  
DEFUNIAK SPRINGS, FL 32435 US

**Current Mailing Address:**

100 COY BURGESS LOOP  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

101 MICROSPINE WAY  
DEFUNIAK SPRINGS, FL 32435 US

**FEI Number:** 43-2009997

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BARBER, ANGEL D  
100 COY BURGESS LOOP  
DEFUNIAK SPRINGS, FL 32435 US

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

BARBER, ANGEL D  
101 MICROSPINE WAY  
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:**

Title: MGR ( ) Delete  
Name: DRUMWRIGHT, DOUGLAS  
Address: 100 COY BURGESS LOOP  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: BARBER, ANGEL  
Address: 101 MICROSPINE WAY  
City-St-Zip: DEFUNIAK SPRINGS, FL 32435

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

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