

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000013667

**FILED**  
**Apr 08, 2011**  
**Secretary of State**

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

**Current Principal Place of Business:**

101 MICROSPINE WAY  
DEFUNIAK SPRINGS, FL 32435 US

**New Principal Place of Business:**

3997 WEST COMMONS DRIVE  
SUITE M  
DESTIN, FL 32541 US

**Current Mailing Address:**

101 MICROSPINE WAY  
DEFUNIAK SPRINGS, FL 32435 US

**New Mailing Address:**

3997 WEST COMMONS DRIVE  
SUITE M  
DESTIN, FL 32541 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  
101 MICROSPINE WAY  
DEFUNIAK SPRINGS, FL 32435 US

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

HAUFE, SCOTT  
302 OLDE POST ROAD  
NICEVILLE, FL 32578 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: SCOTT HAUFE

04/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: HAUFE, SCOTT  
Address: 302 OLDE POST ROAD  
City-St-Zip: NICEVILLE, FL 32578

Title: PRES  
Name: HAUFE, NICOLE  
Address: 302 OLDE POST ROAD  
City-St-Zip: NICEVILLE, FL 32578

I hereby 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: SCOTT HAUFE

MGR

04/08/2011

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