


FILED
Apr 20, 2005 8:00 am
Secretary of State

04-20-2005 90036 040 ****50.00

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

40062561

DOCUMENT # L03000028143					
1. Entity Name JACKSONVILLE SPINE & INJURY CENTER, PL					
Principal Place of Business 9140 GOLFSIDE DRIVE, STE. 11 NORTH JACKSONVILLE, FL 32256			Mailing Address 9140 GOLFSIDE DRIVE, STE. 11 NORTH JACKSONVILLE, FL 32256		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country	Zip		Country
4. FEI Number APPLIED FOR			Applied For <input checked="" type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$5.00 Additional Fee Required		
6. Name and Address of Current Registered Agent BUDQI, NICOLE 9140 GOLFSIDE DRIVE, STE. 11 NORTH JACKSONVILLE, FL 32256			7. Name and Address of New Registered Agent Name <u>First Legacy Group</u> Street Address (P.O. Box Number is Not Acceptable) <u>9140 Golfside Dr. ste. 11 N</u> City <u>Jax.</u> FL Zip Code <u>32256</u>		
8. 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE <u>[Signature]</u> DATE <u>4-19-05</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2005			Make check payable to Florida Department of State		
9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JSI MANAGEMENT TRUST 9140 GOLFSIDE DR STE 11 N JACKSONVILLE, FL 32256	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
11. I hereby certify that the information supplied with this filing does not qualify 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 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: <u>[Signature]</u>			4-19-05		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		