



# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2008 8:00 am**  
**Secretary of State**

05-08-2008 90106 005 \*\*\*138.75

<b>DOCUMENT # L03000028143</b>					
<b>1. Entity Name</b> JACKSONVILLE SPINE & INJURY CENTER, PL					
<b>Principal Place of Business</b> 9140 GOLFSIDE DRIVE, STE. 11 NORTH JACKSONVILLE, FL 32256			<b>Mailing Address</b> 9140 GOLFSIDE DRIVE, STE. 11 NORTH JACKSONVILLE, FL 32256		
<b>2. Principal Place of Business - No P.O. Box #</b> 2255 Dunn Ave		<b>3. Mailing Address</b> 2255 Dunn Ave			
Suite, Apt. #, etc. 201		Suite, Apt. #, etc. 201		05052008    Chg-LLC    CR2E083 (12/06)	
City & State Jay FL		City & State Jay FL		<b>4. FEI Number</b> NOT APPLICABLE	
Zip 32218		Country USA		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  FIRST LEGACY GROUP 9140 GOLFSIDE DRIVE, STE. 11 NORTH JACKSONVILLE, FL 32256			<b>7. Name and Address of New Registered Agent</b> Name <u>Shakenya Dix</u> Street Address (P.O. Box Number is Not Acceptable) <u>2255 Dunn Ave #201</u> City <u>Jay</u> State <u>FL</u> Zip Code <u>32218</u>		
<b>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.</b> SIGNATURE <u>[Signature]</u> DATE <u>5-1-08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>Due by September 12, 2008</b>		In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.		<b>Make check payable to</b> <b>Florida Department of State</b>	
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.</b>					
<b>SIGNATURE:</b> <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>				Date <u>5-1-08</u> Daytime Phone #	