

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000028143

FILED
Apr 10, 2012
Secretary of State

Entity Name: JACKSONVILLE SPINE & INJURY CENTER, PL

Current Principal Place of Business:

2255 DUNN AVE
STE 201
JACKSONVILLE, FL 32218 US

New Principal Place of Business:

Current Mailing Address:

2255 DUNN AVE
STE 201
JACKSONVILLE, FL 32218 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

DIX, SHAKENYA
2255 DUNN AVE, STE 201
JACKSONVILLE, FL 32218 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: JSI MANAGEMENT TRUST
Address: 2255 DUNN AVE, #201
City-St-Zip: JACKSONVILLE, FL 32218

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: JSI MANAGEMENT TRUST MGR 04/10/2012

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