

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90016 002 \*\*\*\*50.00

**DOCUMENT # L03000029573**

1. Entity Name  
**SPINE, L.L.C.**



Principal Place of Business

**600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458**

Mailing Address

**600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458**

**DO NOT WRITE IN THIS SPACE**



04192006No Chg-LLC

CR2E083 (11/05)

4. FEI Number  
**20-0154373**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SETH E. ELLIS, P.A.  
2600 NORTH MILITARY TRAIL, SUITE 290  
BOCA RATON, FL 33431**

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGR Vice President  
REED, MICHAEL L  
94 SATINWOOD LANE  
PALM BEACH GARDENS, FL 33410**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**President  
Aaron Spector, Aaron H  
600 Heritage Drive, Suite 110  
Jupiter, FL 33458**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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IN THIS SPACE**

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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**Aaron Spector** 4/25/06 (SG) 253 8738