2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2008
Secretary of State

DOCUMENT# L03000029573

Entity Name: SPINE, L.L.C.

Current Principal Place of Business:

600 HERITAGE DRIVE
SUITE 110
JUPITER, FL 33458

New Principal Place of Business:

Current Mailing Address:

7108 FAIRWAY DRIVE
SUITE 205
PALM BEACH GARDENS, FL 33418

New Mailing Address:

600 HERITAGE DRIVE
SUITE 110
JUPITER, FL 33458

FEI Number: 20-0154373 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

DANIELS, ALYS NAGLER
701 US HWY. ONE
SUITE 402
NORTH PALM BEACH, FL 33408 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:	MGRM	( ) Delete
Name:	MEDICAL CONCIERGE CO, NCEPTS, LLC	
Address:	7108 FAIRWAY DRIVE, STE 205	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	P	( ) Delete
Name:	SPECTOR, AARON H	
Address:	600 HERITAGE DRIVE, STE 110	
City-St-Zip:	JUPITER, FL 33458	
Title:	VPS	( ) Delete
Name:	REED, MICHAEL L	
Address:	7108 FAIRWAY DRIVE, STE 205	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	VPT	( ) Delete
Name:	LOPPERT, DAVID A	
Address:	7108 FAIRWAY DRIVE, STE 205	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	VP	(X) Delete
Name:	AMBROSE, FRANKLIN W	
Address:	7108 FAIRWAY DRIVE, STE 205	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES:

Title:	MGRM	(X) Change ( ) Addition
Name:	MEDICAL CONCIERGE CO, NCEPTS, LLC	
Address:	600 HERITAGE DRIVE, STE 110	
City-St-Zip:	JUPITER, FL 33458	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	VPS	(X) Change ( ) Addition
Name:	REED, MICHAEL L	
Address:	600 HERITAGE DRIVE, STE 110	
City-St-Zip:	JUPITER, FL 33458	
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL L. REED VPS 04/28/2008

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