

**2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L03000029573

**FILED**  
**Jun 16, 2008**  
**Secretary of State****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:**600 HERITAGE DRIVE  
SUITE 110  
JUPITER, FL 33458**New Mailing Address:****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:** 600 HERITAGE DRIVE, STE 110  
**City-St-Zip:** JUPITER, FL 33458**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:** 600 HERITAGE DRIVE, STE 110  
**City-St-Zip:** JUPITER, FL 33458**Title:** VPT (X) Delete  
**Name:** LOPPERT, DAVID A  
**Address:** 7108 FAIRWAY DRIVE, STE 205  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418**ADDITIONS/CHANGES:****Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:****Title:** P (X) Change ( ) Addition  
**Name:** REED, MICHAEL L  
**Address:** 600 HERITAGE DRIVE, STE 110  
**City-St-Zip:** JUPITER, FL 33458**Title:** VPST (X) Change ( ) Addition  
**Name:** LOPPERT, DAVID A  
**Address:** 7108 FAIRWAY DRIVE, STE 205  
**City-St-Zip:** PALM BEACH GARDENS, FL 33418**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

P

06/16/2008

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