2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 30, 2009
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:

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:

Name and Address of New Registered Agent:

REED, MICHAEL L
600 HERITAGE DRIVE
SUITE 110
JUPITER, FL 33458 US

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: MICHAEL L. REED 03/30/2009
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: PCEO ( ) Delete
Name: REED, MICHAEL L
Address: 600 HERITAGE DRIVE, STE 110
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

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 MGR 03/30/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date