

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000054390

**FILED**  
**Apr 09, 2014**  
**Secretary of State**

**Entity Name:** MOUNTAIN SPINE AND ACCIDENT CENTER, LLC

**Current Principal Place of Business:**

777 DELTONA BOULEVARD  
SUITE 21  
DELTONA, FL 32725

**New Principal Place of Business:**

1118 SOUTH ORANGE AVE  
SUITE 103  
ORLANDO, FL 32806

**Current Mailing Address:**

777 DELTONA BOULEVARD  
SUITE 21  
DELTONA, FL 32725

**New Mailing Address:**

1118 SOUTH ORANGE AVE  
SUITE 103  
ORLANDO, FL 32806

**FEI Number:** 20-0494716

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GILLASPIE, ROBERT C  
9 WEST Highbanks Road  
DeBary, FL 32713 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: ROBERT GILLASPIE

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

Title: MGR  
Name: MOUNTAIN, MATTHEW T  
Address: 1118 SOUTH ORANGE AVE SUITE 103  
City-St-Zip: ORLANDO, FL 32801

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ROBERT GILLASPIE

MGR

04/09/2014

Electronic Signature of Authorized Person

Date