

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L03000055217

**FILED**  
**Nov 09, 2010**  
**Secretary of State**

**Entity Name:** NEUROSURGERY & SPINE LAND COMPANY, L.L.C.

**Current Principal Place of Business:**

5831 BEE RIDGE RD, STE 100  
SARASOTA, FL 34233

**New Principal Place of Business:**

**Current Mailing Address:**

5831 BEE RIDGE RD, STE 100  
SARASOTA, FL 34233

**New Mailing Address:**

**FEI Number:** 20-1399952

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MOORE, JOHN L  
200 SOUTH ORANGE AVE  
SARASOTA, FL 34236 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: JOHN L MOORE

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MAYER, JENNIFER  
Address: 4053 HIGEL AVE  
City-St-Zip: SARASOTA, FL 34242 US

Title: MGRM  
Name: KNEGO, SIMONE  
Address: 1729 SOUTHPONTE DRIVE  
City-St-Zip: SARASOTA, FL 34231 US

Title: MGRM  
Name: MAYER, PETER L MD  
Address: 4053 HIGEL AVE  
City-St-Zip: SARASOTA, FL 34242 US

Title: MGRM  
Name: FELIX MANAGEMENT, LLC  
Address: 152 OSPREY POINTE DR  
City-St-Zip: OSPREY, FL 34229

Title: MGRM  
Name: FINE PROPERTIES ,LLC  
Address: 5777 BENEVA RD SOUTH  
City-St-Zip: SARASOTA, FL 34233

Title: MGMR  
Name: KNEGO, ROBERT S MD  
Address: 1729 SOUTHPONTE DRIVE  
City-St-Zip: SARASOTA, FL 34231 US

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 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: PETER MAYER

MGMR

11/09/2010

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