2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2010
Secretary of State

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Entity Name: SPINAL DISORDER AND PAIN TREATMENT INSTITUTE, LLC

Current Principal Place of Business:

ONE PARK PLAZA
NASHVILLE, TN 37203 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 750
NASHVILLE, TN 37202 US

New Mailing Address:

FEI Number: 20-0603734 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR
Name: RUTHERFORD, WILLIAM B
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR
Name: MOORE, A. BRUCE JR
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 US

Title: MGR
Name: JOHNSON, R. MILTON
Address: ONE PARK PLAZA
City-St-Zip: NASHVILLE, TN 37203 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 Statues.

SIGNATURE: A. BRUCE MOORE, JR. MGR 04/26/2010

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