2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2006
Secretary of State

DOCUMENT# L04000008395

Entity Name: ACTIVE SPINE CENTER, LLC

Current Principal Place of Business:

2425 N. COURTENAY PKWY
SUITE 106
MERRITT ISLAND, FL 32953

New Principal Place of Business:

2203 GARDEN STREET
TITUSVILLE, FL 32796

Current Mailing Address:

2425 N. COURTENAY PKWY
SUITE 106
MERRITT ISLAND, FL 32953

New Mailing Address:

2203 GARDEN STREET
TITUSVILLE, FL 32796

FEI Number: 13-4274649 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SMITH, STEVEN
5606 RIVER OAKS DR.
TITUSVILLE, FL 32780 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 ( ) Delete
Name: SMITH, STEVEN
Address: 5606 RIVER OAKS DR.
City-St-Zip: TITUSVILLE, FL 32780

Title: MGR ( ) Delete
Name: KRIZ/SMITH, JOANIE
Address: 5606 RIVER OAKS DR.
City-St-Zip: TITUSVILLE, FL 32780

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 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: STEVEN SMITH MNGR 05/02/2006

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