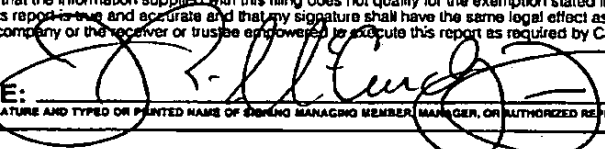


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Feb 25, 2005 8:00 am**  
**Secretary of State**

01-24-2005 90102 048 \*\*\*\*50.00

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                      |                                                                     |                                                                                                                                                                               |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|---------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L04000015482</b><br>1. Entity Name<br><b>SPINECARE PROPERTIES LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                      |                                                                     |                                                                                              |  |
| Principal Place of Business<br><b>2250 DREW STREET<br/>CLEARWATER, FL 33765</b>                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                        |                                                      | Mailing Address<br><b>2250 DREW STREET<br/>CLEARWATER, FL 33765</b> |                                                                                                                                                                               |  |
| 2. Principal Place of Business                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                      | 3. Mailing Address                                                  |                                                                                                                                                                               |  |
| Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        |                                                      | Suite, Apt. #, etc.                                                 |                                                                                                                                                                               |  |
| City & State                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                      | City & State                                                        |                                                                                                                                                                               |  |
| Zip                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                                                                                                        | Country                                              |                                                                     | Zip                                                                                                                                                                           |  |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                        | Country                                              |                                                                     | 4. FEI Number<br><b>77-0644967</b>                                                                                                                                            |  |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                        |                                                      |                                                                     | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                        |  |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                      |                                                                     | 6. Name and Address of Current Registered Agent<br><b>WHITAKER, DANIEL D<br/>CAREY, O'MALLEY, WHITAKER &amp; MANSON, P.A.<br/>712 SOUTH OREGON AVENUE<br/>TAMPA, FL 33606</b> |  |
| 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                        |                                                      |                                                                     | FL Zip Code                                                                                                                                                                   |  |
| 8. 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. I am familiar with, and accept the obligations of registered agent.                                                                                                                                                                                                                                                                                 |                                                                                                                        |                                                      |                                                                     |                                                                                                                                                                               |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        |                                                      |                                                                     |                                                                                                                                                                               |  |
| Filing Fee is \$50.00 Due by May 1, 2005                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                        | Make check payable to<br>Florida Department of State |                                                                     |                                                                                                                                                                               |  |
| 9. MANAGING MEMBERS/MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                        |                                                      | 10. ADDITIONS/CHANGES                                               |                                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | MGRM<br><b>MCCURDY, JACK</b><br><b>2250 DREW STREET</b><br><b>CLEARWATER, FL 33765</b> <input type="checkbox"/> Delete |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <input type="checkbox"/> Delete                                                                                        |                                                      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                      | <input type="checkbox"/> Change <input type="checkbox"/> Addition                                                                                                             |  |
| 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  1/12/05<br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>                                                                                                                                                                                                                                                                                |                                                                                                                        |                                                      |                                                                     |                                                                                                                                                                               |  |

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