

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2008 8:00 am
Secretary of State

05-02-2008 90025 021 ***138.75

DOCUMENT # L04000015482

1. Entity Name
 SPINECARE PROPERTIES LLC



Principal Place of Business
 2250 DREW STREET
 CLEARWATER, FL 33765

Mailing Address
 2250 DREW STREET
 CLEARWATER, FL 33765

60038480



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

77-0644967

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AMANTI, FRANCISCO
 2250 DREW ST
 CLEARWATER, FL 33765

7. Name and Address of New Registered Agent

Name Mary Riley
 Street Address (P.O. Box Number is Not Acceptable)
2250 Drew St.
 City Clearwater FL Zip 33765

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4/28/08

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
 Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR Delete
 NAME AMANTI, FRANCISCO
 STREET ADDRESS 2250 DREW STREET
 CITY-ST-ZIP CLEARWATER, FL 33765

TITLE Mgr Change Addition
 NAME Lois G Figueroa
 STREET ADDRESS 2250 Drew St
 CITY-ST-ZIP Clearwater, FL 33765

TITLE Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Delete
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 CITY-ST-ZIP

TITLE Change Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Lois G Figueroa 4/28/2008 (727) 797-7463