

2006 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000033453

FILED
Aug 25, 2006
Secretary of State

Entity Name: LASERSCOPIC SPINAL CENTER OF FLORIDA, LLC

Current Principal Place of Business:

308 WALLICK DRIVE
COTTER, AR 726269783

New Principal Place of Business:

Current Mailing Address:

308 WALLICK DRIVE
COTTER, AR 726269783

New Mailing Address:

FEI Number: 20-1087628

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

WEAVER, FRED
5000 PARK STREET NORTH
ST. PETERSBURG, FL 33907 US

Name and Address of New Registered Agent:

WOESCH, HENDRICK C
5000 PARK STREET NORTH
ST. PETERSBURG, FL 33709 US

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: HENDRICK C. WOESCH

08/25/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: CEO () Change (X) Addition
Name: BAILEY, JOE S
Address: 308 WALLICK DRIVE
City-St-Zip: COTTER, AR 726269783 US

Title: COO () Change (X) Addition
Name: MILLER, MARK
Address: 8 MARANS DRIVE
City-St-Zip: LITTLE ROCK, AR 72223 US

Title: MD () Change (X) Addition
Name: WOLFF, CRAIG R
Address: 100 COY BURGESS LOOP
City-St-Zip: DEFUNIAK SPRINGS, FL 32435 US

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: JOE S BAILEY

CEO

08/25/2006

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