

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L04000033453

**FILED**  
**Feb 10, 2011**  
**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:**

J. TROY ANDREWS (ANDREWS LAW GROUP)  
3220 HENDERSON BLVD  
TAMPA, FL 33609 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: J TROY ANDREWS

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: COO  
Name: MILLER, MARK  
Address: 8 MARANS DRIVE  
City-St-Zip: LITTLE ROCK, AR 72223 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 Statutes.

SIGNATURE: JOE S. BAILEY

CEO

02/10/2011

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