

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90097 015 ****50.00

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| DOCUMENT # L04000042412 | | | | | |
| 1. Entity Name SOUTH TAMPA SPINE CENTER, LLC | | | | | |
| Principal Place of Business 2919 SWANN AVENUE STE. 300 TAMPA, FL 33609 | | | Mailing Address 2919 SWANN AVENUE STE. 300 TAMPA, FL 33609 | | |
| 2. Principal Place of Business | | 3. Mailing Address | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State | | | |
| Zip | Country | Zip | Country | 4. FEI Number 01112005 Chg-LLC CR2E083 (10/03) 20-1208304 | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent STEEN, SUSAN M.D. 2919 SWANN AVENUE STE. 300 TAMPA, FL 33609 | | | 7. Name and Address of New Registered Agent Name <u>Beverly Benjamin</u> Street Address (P.O. Box Number is Not Acceptable) <u>2919 Swann Ave Suite 300</u> City <u>Tampa</u> <u>FL</u> Zip Code <u>33609</u> | | |
| 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 <u>[Signature]</u> (NOTE: Registered Agent signature required when reinstating) DATE _____ | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2005 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| 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: <u>[Signature]</u> | | | Date <u>1/25/05</u> Daytime Phone # <u>(813) 872-9554</u> | | |