

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000000861

FILED
Jul 06, 2006
Secretary of State

Entity Name: LASER SPINE PHYSICAL THERAPY, LLC

Current Principal Place of Business:

2368 HERITAGE GREENS DRIVE
NAPLES, FL 34119

New Principal Place of Business:

Current Mailing Address:

2368 HERITAGE GREENS DRIVE
NAPLES, FL 34119

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MINCK, LINDA R ESQ
5801 PELICAN BAY BLVD., STE. 300
NAPLES, FL 341082709 US

Name and Address of New Registered Agent:

MILLER, BROOKS C ESQ
200 S BISCAYNE BLVD
SUITE 1690
MIAMI, FL 33131 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: BROOKS C. MILLER, ESQ

07/06/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SURGEN, MICHAEL D
Address: 2368 HERITAGE GREENS DRIVE
City-St-Zip: NAPLES, FL 34119

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: HORNE, WILLIAM
Address: 2368 HERITAGE GREENS DRIVE
City-St-Zip: NAPLES, FL 34119

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: WILLIAM HORNE

MGR

07/06/2006

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