


**2006 LIMITED LIABILITY COMPANY
REINSTATEMENT**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

07 JAN 31 AM 9:47

DOCUMENT # L05000006200
1. Entity Name
THE PINELLAS NEURO-ORTHO SPINE GROUP, LLC



800087499808
02/06/07--01046--009 **205.00

Principal Place of Business Mailing Address
601 MAIN STREET 601 MAIN STREET
DUNEDIN, FL 34698 DUNEDIN, FL 34698



2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

12202006 REIN-LLC CR2E101 (11/05)

City & State City & State

4. FEI Number 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
FLEMING, LINDA L
401 EAST JACKSON STREET, SUITE 2500
TAMPA, FL 33602

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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.
Linda L. Fleming
SIGNATURE *Linda L. Fleming* 1/24/07 DATE

9. FILE NOW!!! FEB IS \$150.00 After January 1, 2007, Fee will be \$200.00
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
		Trustees of Mease Hospital, Inc. 501 Main Street Dunedin, FL 34698	MGRM
		Harold Colbassani, MD 546 Virginia Street Dunedin, FL 34698	MGRM
		Dean J. Gobo, MD 646 Virginia Street Dunedin, FL 34698	MGRM
		Jed P. Weber, MD 646 Virginia Street Dunedin, FL 34698	MGRM
		John H. Shim, MD 3800 Tampa Road Palm Harbor, FL 34684	MGRM
		Anthony P. Moreno, MD 2250 Drew Street Clearwater, FL 33756	MGRM

11. I hereby certify that the information supplied in 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 individual trustee empowered to execute this report as required by Chapter 606, Florida Statutes.
Trustees of Mease Hospital, Inc. by *Phillip K. Beauchamp* its President
SIGNATURE: *Phillip K. Beauchamp* 1/24/07 DATE

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