

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000006200

FILED
Feb 23, 2010
Secretary of State

Entity Name: THE PINELLAS NEURO-ORTHO SPINE GROUP, LLC

Current Principal Place of Business:

601 MAIN STREET
DUNEDIN, FL 34698

New Principal Place of Business:

Current Mailing Address:

601 MAIN STREET
DUNEDIN, FL 34698

New Mailing Address:

FEI Number: 83-0420933

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FLEMING, LINDA L
401 EAST JACKSON STREET, SUITE 2500
TAMPA, FL 33602 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: TRUSTEES OF MEASE HOSPITAL INC
Address: 601 MAIN STREET
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM
Name: COLBASSANI, HAROLD MD
Address: 646 VIRGINIA ST
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM
Name: GOBO, DEAN J MD
Address: 646 VIRGINIA ST
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM
Name: WEBER, JED P
Address: 646 VIRGINIA ST
City-St-Zip: DUNEDIN, FL 34698

Title: MGRM
Name: SHIM, JOHN H MD
Address: 3800 TAMPA ROAD
City-St-Zip: PALM HARBOR, FL 34684

Title: MGRM
Name: MORENO, ANTHONY P
Address: 2250 DREW STREET
City-St-Zip: CLEARWATER, FL 33756

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: CARL TREMONTI FOR TRUSTEES OF MEASE HOSP

MGRM

02/23/2010

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