

# **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