

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000030349

FILED
Aug 16, 2006
Secretary of State

Entity Name: THE VENETIAN SPINE INSTITUTE, LLC

Current Principal Place of Business:

721 SE 17TH ST, STE 104
FT LAUDERDALE, FL 33316

New Principal Place of Business:

Current Mailing Address:

721 SE 17TH ST, STE 104
FT LAUDERDALE, FL 33316

New Mailing Address:

FEI Number: 20-2577832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MEVORAH, BRIAN
721 SE 17TH ST, STE 104
FT LAUDERDALE, FL 33316 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: MGR () Delete
Name: MEVORAH, BRIAN
Address: 721 SE 17TH ST, STE 104
City-St-Zip: FT LAUDERDALE, FL 33316

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERFORMANCE REHAB IN, C
Address: 721 SE 17TH ST, STE 104
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGRM () Change (X) Addition
Name: ATLANTIC ANESTHESIA, & SPINE INSTIT U TE PA
Address: 16950 N BAY ROAD STE 2201
City-St-Zip: SUNNY ISLES BCH, FL 33160

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: BRIAN MEVORAH

PRES

08/16/2006

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