

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030349

FILED
Apr 03, 2008
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: 20-8016579

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

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

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGRM (X) Change () Addition
Name: ATLANTIC ANESTHESIA, & SPINE INSTIT U TE PA
Address: PO BOX 460666
City-St-Zip: FORT LAUDERDALE, FL 33346

I hereby certify that the information supplied with this filing does not qualify 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

MGR

04/03/2008

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