

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030349

FILED
Jan 07, 2011
Secretary of State

Entity Name: THE VENETIAN SPINE INSTITUTE, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

16950 NORTH BAY ROAD
2201
NORTH MIAMI BEACH, FL 33160

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:

SAYEDAHMAD, WALEED W MGRM
16950 NORTH BAY ROAD
2201
NORTH MIAMI BEACH, FL 33160 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: WALEED, SAYEDAHMAD H MGRN
Address: 721 SE 17TH ST, STE 104
City-St-Zip: FT LAUDERDALE, FL 33316

Title: MGRM
Name: SAYEDAHMAD, WALEED W WALEED
Address: PO BOX 460666
City-St-Zip: FORT LAUDERDALE, FL 33346

Title: 1695
Name: SAYEDAHMAD, WALEED W WALEED
Address: 16950 NORTH BAY ROAD
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: 1695
Name: SAYEDAHMAD, WALEED W WALEED
Address: 16950 NORTH BAY ROAD
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: 1695
Name: SAYEDAHMAD, WALEED W WALEED
Address: 16950 NORTH BAY ROAD
City-St-Zip: NORTH MIAMI BEACH, FL 33160

Title: 1695
Name: SAYEDAHMAD, WALEED W WALEED
Address: 16950 NORTH BAY ROAD
City-St-Zip: NORTH MIAMI BEACH, FL 33160

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: WALEED SAYEDAHMAD

MGRM

01/07/2011

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