

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Apr 18, 2006  
Secretary of State**

DOCUMENT# L05000061948

Entity Name: SPINAL DECOMPRESSION CENTER, LLC

**Current Principal Place of Business:**

780 US 1 SUITE 200  
VERO BEACH, FL 32962

**New Principal Place of Business:**

**Current Mailing Address:**

780 US 1 SUITE 200  
VERO BEACH, FL 32962

**New Mailing Address:**

FEI Number: 30-0322345      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PERKINS, TED H  
780 US 1 SUITE 200  
VERO BEACH, FL 32962      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: PERKINS, TED H  
Address: 780 US 1 SUITE 200  
City-St-Zip: VERO BEACH, FL 32962

**ADDITIONS/CHANGES:**

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

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: TED PERKINS

MGRM

04/18/2006

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