

# **2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000064754

**FILED**  
**Apr 29, 2006**  
**Secretary of State**

**Entity Name:** ADVANCED SPINE ALTERNATIVES, LLC

**Current Principal Place of Business:**

6440 W. NEWBERRY ROAD  
SUITE 204  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 140764  
GAINESVILLE, FL 32614

**New Mailing Address:**

**FEI Number:** 20-3845864

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCOTT, JENNIFER N  
6440 WEST NEWBERRY ROAD  
SUITE 401  
GAINESVILLE, FL 32605 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: SCOTT, JENNIFER  
Address: PO BOX 140764  
City-St-Zip: GAINESVILLE, FL 32614

**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: JENNIFER N SCOTT

DIR

04/29/2006

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