

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 01, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000067621

1. Entity Name
DAYTONA SPINAL DECOMPRESSION LLC



Principal Place of Business
**569 HEALTH BLVD.
SUITE B
DAYTONA BEACH, FL 32114 US**

Mailing Address
**569 HEALTH BLVD.
SUITE B
DAYTONA BEACH, FL 32114 US**



01302007 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
20-3273149

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**ANTOS, JAMES C D.C.
1148 CHAMPIONS DRIVE
DAYTONA BEACH, FL 32124**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

000000615885
02/07/07-80006-011 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ANTOS, JAMES C D.C.
1148 CHAMPIONS DRIVE
DAYTONA BEACH, FL 32124**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ANTOS, MARY J
1148 CHAMPIONS DRIVE
DAYTONA BEACH, FL 32124**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
ANTOS, JAMES J
1039 PARKWOOD DR.
ORMOND BEACH, FL 32174**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

1/30/2007 386-258-9800
Date Daytime Phone #