


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2007 8:00 am
Secretary of State

04-06-2007 90228 045 ****50.00

DOCUMENT # L05000098809 1. Entity Name S.W. FLORIDA SPINE CENTER, LLC	
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00032756



04032007 Chg-LLC CR2E083 (12/06)

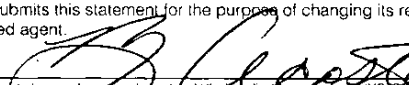
2. Principal Place of Business - No P.O. Box # 3089 TAMiami Tr Suite, Apt. #, etc. UNIT B City & State Port Charlotte FL Zip 33952 Country USA	3. Mailing Address 19621 Cochran Blvd Suite, Apt. #, etc. Unit 1 City & State Port Charlotte FL Zip 33948 Country USA
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4. FEI Number APPLIED FOR 20-3591957	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent AEBEL, ERIN SMITH ESQ 101 EAST KENNEDY BOULEVARD STE 2800 TAMPA, FL 33602	7. Name and Address of New Registered Agent Name Bonnie Acosta Street Address (P.O. Box Number is Not Accepted) 19621 Cochran Blvd Unit 1 City Port Charlotte FL Zip Code 33948
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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.

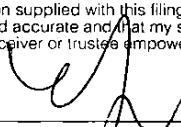
SIGNATURE  DATE 4-3-07

Signature, typed or printed name of registered agent and title is required. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DIR JEN, LIAN 1988 KINGS HIGHWAY PORT CHARLOTTE, FL 33982 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #