

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098809

FILED
Feb 26, 2008
Secretary of State

Entity Name: S.W. FLORIDA SPINE CENTER, LLC

Current Principal Place of Business:

3089 TAMiami TR
UNIT B
PORT CHARLOTTE, FL 33952

New Principal Place of Business:

Current Mailing Address:

19621 COCHRAN BLVD
UNIT A
PORT CHARLOTTE, FL 33948

New Mailing Address:

FEI Number: 20-3591957

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ACOSTA, BONNIE
19621 COCHRAN BLVD
UNIT 1
PORT CHARLOTTE, FL 33948 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: DIR () Delete
Name: JEN, LIAN
Address: 1988 KINGS HIGHWAY
City-St-Zip: PORT CHARLOTTE, FL 33982

ADDITIONS/CHANGES:

Title: DIR (X) Change () Addition
Name: JEN, LIAN
Address: 3089 TAMiami DR UNIT B
City-St-Zip: PORT CHARLOTTE, FL 33952

I hereby certify that the information supplied with this filing does not qualify 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: LIAN JEN

D

02/26/2008

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