

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098809

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

FILED  
Mar 23, 2009  
Secretary of State

## Current Principal Place of Business:

3089 TAMiami TR  
UNIT B  
PORT CHARLOTTE, FL 33952

## Current Mailing Address:

19621 COCHRAN BLVD  
UNIT A  
PORT CHARLOTTE, FL 33948

## New Principal Place of Business:

3089 TAMiami TR  
UNIT B  
PORT CHARLOTTE, FL 33948

## New Mailing Address:

19621 COCHRAN BLVD  
UNIT #1  
PORT CHARLOTTE, FL 33948

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: 3089 TAMiami DR UNIT B  
City-St-Zip: PORT CHARLOTTE, FL 33952

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES:

Title: DIR (X) Change ( ) Addition  
Name: JEN, LIAN  
Address: 3089 TAMiami DR UNIT B  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DIR ( ) Change (X) Addition  
Name: VALENTE, LOUIS  
Address: 19621 COCHRAN BLVD #1  
City-St-Zip: PORT CHARLOTTE, FL 33948

Title: DIR ( ) Change (X) Addition  
Name: ACOSTA, ABELARDO  
Address: 19621 COCHRAN BLVD #1  
City-St-Zip: PORT CHARLOTTE, FL 33948

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

DIR

03/23/2009

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