

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000098809

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

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

**Current Principal Place of Business:**

3089 TAMIAMI TR  
UNIT B  
PORT CHARLOTTE, FL 33948

**New Principal Place of Business:**

**Current Mailing Address:**

19621 COCHRAN BLVD  
UNIT #1  
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  
**Name:** JEN, LIAN  
**Address:** 3089 TAMIAMI DR UNIT B  
**City-St-Zip:** PORT CHARLOTTE, FL 33952

**Title:** DIR  
**Name:** VALENTE, LOUIS  
**Address:** 19621 COCHRAN BLVD #1  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

**Title:** DIR  
**Name:** ACOSTA, ABELARDO  
**Address:** 19621 COCHRAN BLVD #1  
**City-St-Zip:** PORT CHARLOTTE, FL 33948

I hereby 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:** ACOSTA

DIR

01/06/2010

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