2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2008
Secretary of State

DOCUMENT# L05000109705

Entity Name: SPINA MEDICAL, LLC

Current Principal Place of Business:

SPINA MEDICAL LLC
160 WEST CAMINO REAL, SUITE 308
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

SPINA MEDICAL LLC
160 WEST CAMINO REAL, SUITE 308
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 22-3918037 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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: MGRM ( ) Delete
Name: MALMSTROM, CLAES
Address: 160 WEST CAMINO REAL, SUITE 308
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM ( ) Delete
Name: MCINNIS, SCOTT
Address: 160 WEST CAMINO REAL, SUITE 308
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete
Name: MALMSTROM, CLAES
Address: 160 WEST CAMINO REAL, SUITE 308
City-St-Zip: BOCA RATON, FL 33432

Title: S ( ) Delete
Name: MCINNIS, SCOTT
Address: 160 WEST CAMINO REAL, SUITE 308
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

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: SCOTT MCINNIS MGRM 04/29/2008

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