

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000014028

**FILED**  
**Feb 17, 2010**  
**Secretary of State**

**Entity Name:** SPINE INJURY PROFESSIONALS, LLC

**Current Principal Place of Business:**

1711 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32317 US

**New Principal Place of Business:**

1711 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32301 US

**Current Mailing Address:**

1711 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32317 US

**New Mailing Address:**

1711 SOUTH GADSDEN STREET  
TALLAHASSEE, FL 32301 US

**FEI Number:** 03-0581275

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

D-CHARLES, CLAUDE  
1711 S. GADSDEN ST  
TALLAHASSEE, FL 32301 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: MGR  
Name: CLAUDE D-CHARLES  
Address: 1711 S GADSDEN ST  
City-St-Zip: TALLAHASSEE, FL 32301

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: CLAUDE D-CHARLES

MGRM

02/17/2010

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