

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 29, 2007 8:00 am
Secretary of State

03-29-2007 90178 025 ****50.00

DOCUMENT # L06000018353

1. Entity Name
FIRST COAST SPINAL INSTITUTE, LLC



Principal Place of Business
**1428 HEATHER COURT
ST. AUGUSTINE, FL 32092 US**

Mailing Address
**1428 HEATHER COURT
ST. AUGUSTINE, FL 32092 US**

00030276



2. Principal Place of Business - No P.O. Box #
2851 EDGEWOOD AVE. N

Suite, Apt. #, etc.
Ste. 18

City & State
JACKSONVILLE FL

Zip
32254

Country
US

3. Mailing Address
731 E. REDHOUSE BRANCH RD

Suite, Apt. #, etc.

City & State
ST. AUGUSTINE, FL

Zip
32084

Country
US

01302007 Chg-LLC CR2E083 (12/06)

4. FEI Number
04-3847503

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**SOLANA, JAMES L JR.
1428 HEATHER COURT
ST. AUGUSTINE, FL 32092**

7. Name and Address of New Registered Agent

Name
731 EAST REDHOUSE BRANCH RD

Street Address (P.O. Box Number is Not Acceptable)

City
ST. AUGUSTINE

State
FL

Zip Code
32084

ADDRESS
CHANGE
ONLY

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE DATE **03/28/07**

(NOTE: Registered Agent signature required when reinstating)

Filing Fee is \$50.00 Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TAYLOR, MARK A 1428 HEATHER COURT ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLANA, JAMES L JR. 1428 HEATHER COURT ST. AUGUSTINE, FL 32092 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLANA, JAMES L JR. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 731 EAST REDHOUSE BRANCH RD ST. AUGUSTINE, FL 32084
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: DATE **03/28/07** DAYTIME PHONE # **(904) 814-0946**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE