

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L06000018638

FILED
Jan 09, 2008
Secretary of State

Entity Name: SPINE ANCILLARY SERVICES, PLLC

Current Principal Place of Business:

8604 GREAT EGRET TRACE
NEW PORT RICHEY, FL 34653

New Principal Place of Business:

Current Mailing Address:

8604 GREAT EGRET TRACE
NEW PORT RICHEY, FL 34653

New Mailing Address:

FEI Number: 20-4341448 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

SIDDIQI, FARHAN N MD
1133 GOLDEN LAKES BLVD.
SUITE 815
WEST PALM BEACH, FL 33411 US

Name and Address of New Registered Agent:

SIDDIQI, FARHAN N MD
8604 GREAT EGRET TRACE
NEW PORT RICHEY, FL 34653 US

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: FARHAN SIDDIQI

01/09/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SIDDIQI, FARHAN N MD
Address: 1133 GOLDEN LAKES BLVD. SUITE 815
City-St-Zip: WEST PALM BEACH, FL 33411

Title: MGRM () Delete
Name: HAYES, VICTOR M MD
Address: 1133 GOLDEN LAKES BLVD., SUITE 815
City-St-Zip: WEST PALM BEACH, FL 33411

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SIDDIQI, FARHAN N MD
Address: 8604 GREAT EGRET TRACE
City-St-Zip: NEW PORT RICHEY, FL 34653

Title: MGRM (X) Change () Addition
Name: HAYES, VICTOR M MD
Address: 8604 GREAT EGRET TRACE
City-St-Zip: NEW PORT RICHEY, FL 34653

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: FARHAN SIDDIQI

MGRM

01/09/2008

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