

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000032769

**FILED**  
**Mar 08, 2010**  
**Secretary of State**

**Entity Name:** SPINE & BRAIN, LLC

**Current Principal Place of Business:**

3319 STATE ROAD 7  
313  
WELLINGTON, FL 33449

**New Principal Place of Business:**

**Current Mailing Address:**

3319 STATE ROAD 7  
313  
WELLINGTON, FL 33449

**New Mailing Address:**

**FEI Number:** 20-4590247

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ABDOLVAHABI, RAMIN M  
3319 STATE ROAD 7  
313  
WELLINGTON, FL 33449 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: DR.  
Name: ABDOLVAHABI, RAMIN M  
Address: 3319 STATE ROAD 7, SUITE 313  
City-St-Zip: WELLINGTON, FL 33449

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: RAMIN ABDOLVAHABI

MGR

03/08/2010

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