2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 20, 2011
Secretary of State

DOCUMENT# L06000037665

Entity Name: MORENO/JOSEPH SPINE AND SCOLIOSIS, P.L.

Current Principal Place of Business:

1800 MEASE DRIVE
SAFETY HARBOR, FL 34695

New Principal Place of Business:

Current Mailing Address:

1800 MEASE DRIVE
SAFETY HARBOR, FL 34695

New Mailing Address:

FEI Number: 20-4697987 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MORENO, ANTHONY P MD
1800 MEASE DRIVE
SAFETY HARBOR, FL 34695 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
Name: MORENO, ANTHONY P MD
Address: 4929 LYFORD CAY ROAD
City-St-Zip: TAMPA, FL 33629

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 Statues.

SIGNATURE: ANTHONY P. MORENO, M.D. MGRM 04/20/2011

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