2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2007
Secretary of State

DOCUMENT# L06000045499

Entity Name: PINELLAS COUNTY SPINAL DECOMPRESSION, LLC.

Current Principal Place of Business:

410 150TH AVE.
SUITE B & C
MADEIRA BEACH, FL 33708

New Principal Place of Business:

Current Mailing Address:

410 150TH AVE.
SUITE B & C
MADEIRA BEACH, FL 33708

New Mailing Address:

FEI Number: 42-1703727 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RAHRER, DESTINY N
2810 B 53RD ST. S.
APT. B
GULFPORT, FL 33707 US

Name and Address of New Registered Agent:

RAHRER, DESTINY N
1800 49TH AVE N
ST. PETERSBURG, FL 33714 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: 04/04/2007

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAHRER, DESTINY N
Address: 2810 B 53RD ST. S. APT. B
City-St-Zip: GULFPORT, FL 33707

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RAHRER, DESTINY N
Address: 1800 49TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33714

I hereby certify that the information supplied with this filing does not qualify for the 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: DESTINY N RAHRER MGRM 04/04/2007

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