

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000045499

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**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:**

1373 21ST ST. SW  
LARGO, FL 33770

**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  
15301 HARBOR DR  
MADEIRA BEACH, FL 33708 US

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

RAHRER, DESTINY N  
1373 21ST ST. SW  
LARGO, FL 33770 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:**

04/19/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** RAHRER, DESTINY N  
**Address:** 1373 21ST ST SW  
**City-St-Zip:** LARGO, FL 33770

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:** DESTINY N RAHRER

OWNE

04/19/2010

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