

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057140

FILED
Jan 09, 2008
Secretary of State

Entity Name: GULF COAST SPINE & ORTHOPAEDIC INSTITUTE, PLLC

Current Principal Place of Business:

11181 HEALTH PARK BLVD
SUITE 3010
NAPLES, FL 34110

New Principal Place of Business:

Current Mailing Address:

11181 HEALTH PARK BLVD
SUITE 3010
NAPLES, FL 34110

New Mailing Address:

FEI Number: 20-5031081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BRIEDE, TREVOR I
11181 HEALTH PARK BLVD
SUITE 3010
NAPLES, FL 34110 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: MGR () Delete
Name: MANZANARES, JAMES
Address: 11181 HEALTH PARK BLVD, STE 3010
City-St-Zip: NAPLES, FL 34110

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TREVOR I. BRIEDE

ADMN

01/09/2008

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