

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000057140

FILED
Apr 28, 2009
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:

8340 COLLIER BOULEVARD
SUITE 203
NAPLES, FL 34114

Current Mailing Address:

11181 HEALTH PARK BLVD
SUITE 3010
NAPLES, FL 34110

New Mailing Address:

8340 COLLIER BOULEVARD
SUITE 203
NAPLES, FL 34114

FEI Number: 20-5031081

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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:

MANZANARES, JAMES
8340 COLLIER BOULEVARD
SUITE 203
NAPLES, FL 34114 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: JAMES MANZANARES MD

04/28/2009

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: MGR (X) Change () Addition
Name: MANZANARES, JAMES
Address: 8340 COLLIER BOULEVARD
City-St-Zip: NAPLES, FL 34114

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: JAMES MANZANARES

MGR

04/28/2009

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