## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L06000064134

FILED Jan 09, 2008 Secretary of State

Entity Name: SPINAL DECOMPRESSION CENTERS OF CENTRAL FLORIDA, LLC

**Current Principal Place of Business: New Principal Place of Business:** 

295 WAYMANT CT 101 1890 SEMORAN BLVD. LAKE MARY, FL 32746

WINTER PARK, FL 32792

**Current Mailing Address: New Mailing Address:** 

295 WAYMANT CT 101 1890 SEMORAN BLVD.

LAKE MARY, FL 32746

WINTER PARK, FL 32792

FEI Number: 20-5105434 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

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

OTT, MARC G DC WILLIAMS, BRENT D 21480 HORSE RANCH RD. 119 CASA MARINA PL

SANFORD, FL 32771 US MT. DORA, FL 32757

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: BRENT WILLIAMS 01/09/2008

> Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS: ADDITIONS/CHANGES:

MGRM Title: () Change () Addition () Delete

WILLIAMS, BRENT D Name: Name: Address: 21480 HORSE RANCH RD Address: City-St-Zip: MOUNT DORA, FL 32757 City-St-Zip:

Title: MGRM Title: () Delete () Change () Addition

Name: OTT, MARC G Name: Address: 119 CASA MARINA PL Address: City-St-Zip: SANFORD, FL 32771 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: BRENT WILLIAMS **MGRM** 01/09/2008