

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000089594

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** CENTRAL FLORIDA SPINE INSTITUTE, PLLC

**Current Principal Place of Business:**

1500 SE MAGNOLIA EXTENSION  
SUITE 104  
OCALA, FL 34471 US

**New Principal Place of Business:**

**Current Mailing Address:**

1500 SE MAGNOLIA EXTENSION  
SUITE 104  
OCALA, FL 34471 US

**New Mailing Address:**

2810 SE 30 STREET  
OCALA, FL 34471 US

**FEI Number:** 20-5529258

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PARAISO, JAMES J  
2810 SE 30 ST  
OCALA, FL 34471 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:** MGRM  
**Name:** PARAISO, JAMES J  
**Address:** 2810 SE 30 ST  
**City-St-Zip:** Ocala, FL 34471 US

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:** JAMES J PARAISO

OWNE

02/04/2010

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