

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089594

FILED
Jan 28, 2012
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:

4065 SE 43 CIRCLE
OCALA, FL 34480 US

New Mailing Address:

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
4065 SE 43 CIRCLE
OCALA, FL 34480 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: 4065 SE 43 CIRCLE
City-St-Zip: OCALA, FL 34480 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

PRES

01/28/2012

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