## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000007045

City-St-Zip:

SEWICKLEY HEIGHTS, PA 15143

Entity Name: TRANSCENDENTAL SPINE, LLC

FILED Mar 16, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 5128 SAN JOSE TAMPA, FL 33629 **Current Mailing Address: New Mailing Address:** 5128 SAN JOSE TAMPA, FL 33629 FEI Number: 20-8334743 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: CASTELLVI, ANTONIO E 5128 SAN JOSE TAMPA, FL 33629 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: ADDITIONS/CHANGES: MGRM Title: () Change () Addition () Delete CHENG, BOYLE Name: Name: 114 MAJESTICE DRIVE Address: Address: City-St-Zip: MARS, PA 16046 City-St-Zip: Title: MGRM Title: ( ) Delete () Change () Addition CASTELLVI, ANTONIO E Name: Name: Address: 5128 SAN JOSE Address: City-St-Zip: TAMPA, FL 33629 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition DAVIS, REGINALD J Name: Name: 6535 NORTH CHARLES STREET Address: Address: City-St-Zip: TOWSON, MD 21204 City-St-Zip: Title: MGRM ( ) Delete Title: () Change () Addition WEBB, SCOTT Name: Name: 2250 DREW STREET Address: Address: City-St-Zip: **CLEARWATER, 33 76529** City-St-Zip: Title: MGRM ( ) Delete Title: MGRM (X) Change ( ) Addition WELCH, WILLIAM C Name: Name: WELCH, WILLIAM C SCAIFE ROAD 2510 CAMBRIDGE ROAD Address: Address:

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.

City-St-Zip:

HAVERFORD, PA 19041

SIGNATURE: BOYLE CHENG MGRM 03/16/2009