

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000053360

**FILED**  
**Apr 25, 2010**  
**Secretary of State**

**Entity Name:** COMPREHENSIVE SPINE CENTER, PLLC

**Current Principal Place of Business:**

10780 SADDLEBROOK LANE  
WELLINGTON, FL 334149305 US

**New Principal Place of Business:**

6340 SW 5TH CT  
PLANTATION, FL 333173908 US

**Current Mailing Address:**

10780 SADDLEBROOK LANE  
WELLINGTON, FL 334149305 US

**New Mailing Address:**

6340 SW 5TH CT  
PLANTATION, FL 333173908 US

**FEI Number:** 41-2247065

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STEPHEN A. CAMERON, P.A.  
28 WEST FLAGLER STREET  
202  
MIAMI, FL 33130 US

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

STEPHEN A. CAMERON, P.A.  
28 WEST FLAGLER STREET  
900  
MIAMI, FL 331301890 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: JULIAN CAMERON

04/25/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CAMERON, JULIAN  
Address: 6340 SW 5TH CT  
City-St-Zip: PLANTATION, FL 333173908 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: JULIAN CAMERON

PRES

04/25/2010

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