

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000082193

FILED
Apr 30, 2008
Secretary of State

Entity Name: KANSAS CITY SPINAL CARE, LLC

Current Principal Place of Business:

ROYAL PALM PLAZA
101 PLAZA REAL SOUTH, STE 226
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

ROYAL PALM PLAZA
101 PLAZA REAL SOUTH, STE 226
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CODY, RONALD
101 PLAZA REAL SOUTH #226
BOCA RATON, FL 33432 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 () Delete
Name: PRICE, STEPHEN L DR.
Address: 101 PLAZA REAL SOUTH #226
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: CODY, RONALD
Address: 101 PLAZA REAL SOUTH #226
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM () Delete
Name: PELLEGRINO, SAL DR.
Address: 101 PLAZA REAL SOUTH #226
City-St-Zip: BOCA RATON, FL 33432

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
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: SAL PELLEGRINO

MGRM

04/30/2008

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