

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000040126

**FILED**  
**Jan 15, 2010**  
**Secretary of State**

**Entity Name:** SOUTHWEST FLORIDA SPINE INSTITUTE PLLC

**Current Principal Place of Business:**

3420 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952

**New Principal Place of Business:**

3420 TAMiami TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33952

**Current Mailing Address:**

P.O. BOX 494409  
PORT CHARLOTTE, FL 339494409

**New Mailing Address:**

FEI Number: 26-2463854

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PEREIRA, MARIO L  
3420 TAMiami TRAIL  
PORT CHARLOTTE, FL 33952 US

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

PEREIRA, MARIO L  
3420 TAMiami TRAIL  
SUITE 1  
PORT CHARLOTTE, FL 33952 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:

01/15/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: PEREIRA, MARIO L  
Address: 3420 TAMiami TRAIL, SUITE 1  
City-St-Zip: PORT CHARLOTTE, FL 33952

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: MARIO L. PEREIRA

MGRM

01/15/2010

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