

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000045061

FILED  
Apr 22, 2009  
Secretary of State

Entity Name: SPINECARE ANESTHESIA, LLC

**Current Principal Place of Business:**

5889 N.W. 23RD TERRACE  
BOCA RATON, FL 33496

**New Principal Place of Business:**

201 MONTGOMERY AVE  
SARASOTA, FL 34243

**Current Mailing Address:**

5889 N.W. 23RD TERRACE  
BOCA RATON, FL 33496

**New Mailing Address:**

201 MONTGOMERY AVE  
SARASOTA, FL 34243

FEI Number:

FEI Number Applied For ( )

FEI Number Not Applicable (X)

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 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: MGR ( ) Delete  
Name: NOBACK, CARL R M.D.  
Address: 5889 N.W. 23RD TERRACE  
City-St-Zip: BOCA RATON, FL 33496

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: NOBACK, CARL R M.D.  
Address: 201 MONTGOMERY AVE  
City-St-Zip: SARASOTA, FL 34243

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: CARL R NOBACK

MBRM

04/22/2009

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