

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000072162

**FILED**  
**Jan 14, 2010**  
**Secretary of State**

**Entity Name:** DAYTONA SPINE & REHAB, PL

**Current Principal Place of Business:**

569 HEATH BLVD. STE. C  
DAYTONA BEACH, FL 32114

**New Principal Place of Business:**

**Current Mailing Address:**

569 HEATH BLVD. STE. C  
DAYTONA BEACH, FL 32114

**New Mailing Address:**

**FEI Number:** 26-3067836

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANTOS, JAMES C D.C.  
569 HEATH BLVD. STE. C  
DAYTONA BEACH, FL 32114 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:** MM  
**Name:** ANTOS, JAMES C DC  
**Address:** 569 HEALTH BLVD, SUITE C  
**City-St-Zip:** DAYTONA BEACH, FL 32114 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:** JAMES C ANTOS, D.C.

MM

01/14/2010

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