

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000099220

FILED
Mar 25, 2009
Secretary of State

Entity Name: VISTA SPINAL SOLUTIONS, LLC

Current Principal Place of Business:

11313 MANDARIN RIDGE LANE
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

PO BOX 24988
JACKSONVILLE, FL 32257

New Mailing Address:

FEI Number: 26-3663352

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BERRY, BRET M
11313 MANDARIN RIDGE LANE
JACKSONVILLE, FL 32258 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: BERRY MEDICAL ENTERP, RISES, INC
Address: 2647 CASSOWARY CR
City-St-Zip: SANDY, UT 84092

Title: MGRM () Delete
Name: PIKE INDUSTRIES, INC,
Address: 313 PHEASANT RIDGE CIR
City-St-Zip: BOUNTIFUL, UT 84010

ADDITIONS/CHANGES:

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: BRET BERRY

MGR

03/25/2009

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