

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000099220

**FILED**  
**Jan 06, 2010**  
**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  
**Name:** BERRY MEDICAL ENTERPRISES, INC  
**Address:** 2647 CASSOWARY CR  
**City-St-Zip:** SANDY, UT 84092

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

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:** BRET M. BERRY

OWNE

01/06/2010

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