

## **2012 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000099220

**FILED**  
**Oct 02, 2012**  
**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:**

7314  
JACKSONVILLE, FL 32226 US

**Current Mailing Address:**

PO BOX 24988  
JACKSONVILLE, FL 32241

**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:**

PIKE, ADAM  
7314 RAMOTH DRIVE  
JACKSONVILLE, FL 32226 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: ADAM PIKE

10/02/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BERRY MEDICAL ENTERPRISES, INC  
Address: 514 FRANK SHAW ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

Title: MGRM  
Name: PIKE INDUSTRIES, INC  
Address: 11313 MANDARIN RIDGE LANE  
City-St-Zip: JACKSONVILLE, FL 32258

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: ADAM PIKE

MR

10/02/2012

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