

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000004614

**FILED**  
**Apr 30, 2010**  
**Secretary of State**

**Entity Name:** ATLANTIC COAST BRAIN & SPINE INSTITUTE, LLC

**Current Principal Place of Business:**

160 NW CENTRAL PARK PLAZA  
SUITE B-103  
PORT ST. LUCIE, FL 34986 US

**New Principal Place of Business:**

**Current Mailing Address:**

160 NW CENTRAL PARK PLAZA  
SUITE B-103  
PORT ST. LUCIE, FL 34986 US

**New Mailing Address:**

**FEI Number:** 26-4072853

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SINGER, MICHAEL S ESQ  
3801 PGA BOULEVARD  
SUITE 604  
PALM BEACH GARDENS, FL 33410 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: PRIBIL, STEFAN  
Address: 160 NW CENTRAL PARK PLAZA, B-103  
City-St-Zip: PORT ST. LUCIE, FL 34986 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: STEFAN PRIBIL

MGRM

04/30/2010

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