

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000014914

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** TAMPA BAY BRAIN AND SPINE INSTITUTE, P.L.

**Current Principal Place of Business:**

810 GROVE PARK AVENUE  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

810 GROVE PARK AVENUE  
TAMPA, FL 33609

**New Mailing Address:**

**FEI Number:** 26-4264488

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SMITH AEBEL, ERIN ESQ  
101 EAST KENNEDY BOULEVARD, STE 2800  
SHUMAKER LOOP & KENDRICK, LLP  
TAMPA, FL 33602 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: KOWALSKI, ROBERT M.D.  
Address: 810 GROVE PARK AVENUE  
City-St-Zip: TAMPA, FL 33609

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: ROBERT KOWALSKI

MGRM

04/11/2012

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