2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2011
Secretary of State

DOCUMENT# L09000017034

Entity Name: TRINITY SPINE WELLNESS CENTER PLLC

Current Principal Place of Business:

2040 SHORT AVE
ODESSA, FL 33556

New Principal Place of Business:

Current Mailing Address:

2040 SHORT AVE
ODESSA, FL 33556

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPINE AND ORTHOPAEDIC SPECIALISTS, PLLC
2040 SHORT AVE
ODESSA, FL 33556 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: SPINE AND ORTHOPAEDIC SPECIALISTS, PLLC
Address: 2040 SHORT AVE
City-St-Zip: ODESSA, FL 33556

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 Statues.

SIGNATURE: ANDREW T. OSTER JR MGR 01/04/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date