

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000026338

**FILED**  
**Feb 16, 2010**  
**Secretary of State**

**Entity Name:** SURGICAL SPINE ASSOCIATES, LLC

**Current Principal Place of Business:**

8255 COLLEGE PKWY  
STE 200  
FT MYERS, FL 33919

**New Principal Place of Business:**

**Current Mailing Address:**

8255 COLLEGE PKWY  
STE 200  
FT MYERS, FL 33919

**New Mailing Address:**

8255 OLLEGE PKWY  
STE 200  
FT MYERS, FL 33919

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A1A REGISTERED AGENT INC.  
5647 110TH AVE NORTH  
ROYAL PALM BEACH, FL 33411 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: SILVERGERG, RON DC  
Address: 1701 SE HILLMOOR DRIVE SUITE A1  
City-St-Zip: PORT ST. LUCIE, FL 34952

Title: MGRM  
Name: TANNENBAUM, ALAN MD DC  
Address: 533 CAPE CORAL PKWY  
City-St-Zip: CPE CORAL, FL 33904

Title: MGRM  
Name: APMS ASSETS, LLC  
Address: 812 CAPE VIEW DRIVE  
City-St-Zip: FT MYERS, FL 33919

Title: MGRM  
Name: ARFREY, LLC  
Address: 859 HATCHEE VISTA DRIVE  
City-St-Zip: FT MYERS, FL 33919

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: JONATHAN S. DAITCH

DR.

02/16/2010

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