

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Apr 06, 2010
Secretary of State

Entity Name: TAMPA SPINE, MASSAGE & INJURY CENTER, LLC

Current Principal Place of Business:

4410 W. HILLSBOROUGH AVE., SUITE E
TAMPA, FL 33614

New Principal Place of Business:

Current Mailing Address:

4410 W. HILLSBOROUGH AVE., SUITE E
TAMPA, FL 33614

New Mailing Address:

FEI Number: 26-4737139

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RODRIGUEZ, GREGORY S D.C.
4410 W. HILLSBOROUGH AVE., SUITE E
TAMPA, FL 33614 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: RODRIGUEZ, GREGORY S D.C.
Address: P.O. BOX 721328
City-St-Zip: ORLANDO, FL 32872

Title: MGR
Name: RODRIGUEZ GARCIA, ELIDA
Address: 4410 W. HILLSBOROUGH AVE., SUITE E
City-St-Zip: TAMPA, FL 33614

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: GREGORY RODRIGUEZ

MGRM

04/06/2010

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