

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000094573

FILED
Feb 17, 2011
Secretary of State

Entity Name: THE SPINE INSTITUTE AT ORTHOPAEDIC ASSOCIATES, P.L.

Current Principal Place of Business:

1034 MAR WALT DRIVE
SUITE 310
FORT WALTON BEACH, FL 32547 US

New Principal Place of Business:

Current Mailing Address:

1034 MAR WALT DRIVE
SUITE 310
FORT WALTON BEACH, FL 32547 US

New Mailing Address:

FEI Number: 27-1033257 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

POELSTRA, KORNELIS A
1034 MAR WALT DRIVE
SUITE 310
FORT WALTON BEACH, FL 32547 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: POELSTRA, KORNELIS
Address: 1034 MAR WALT DRIVE, STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547 US

Title: MGRM
Name: KELLOGG, LORI LYNN
Address: 1034 MAR WALT DRIVE, STE 310
City-St-Zip: FORT WALTON BEACH, FL 32547 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: KORNELIS A. POELSTRA MGRM 02/17/2011

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