

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000026823

FILED
Apr 30, 2012
Secretary of State

Entity Name: FLORIDA SPINE & REHAB CENTER, LLC

Current Principal Place of Business:

483 N. SEMORAN BLVD.
104
WINTER PARK, FL 32792 US

New Principal Place of Business:

Current Mailing Address:

483 N. SEMORAN BLVD.
104
WINTER PARK, FL 32792 US

New Mailing Address:

FEI Number: 27-2147589

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POWELL, LORRAINE D
2729 HARRIET DRIVE
ORLANDO, FL 32812 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: TRUDEAU, TY A.D.C.
Address: 3160 LAKE BREEZE CR
City-St-Zip: ST CLOUD, FL 34771 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: TY A TRUDEAU

MGRM

04/30/2012

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