2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 20, 2011
Secretary of State

DOCUMENT# L10000076221

Entity Name: NORTHEAST FLORIDA NON-SURGICAL SPINE CARE, P.L.

Current Principal Place of Business:

2849 EVERHOLLY LANE
JACKSONVILLE, FL 32223 US

New Principal Place of Business:

Current Mailing Address:

2849 EVERHOLLY LANE
JACKSONVILLE, FL 32223 US

New Mailing Address:

FEI Number: 27-3121677 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

MOSER, SHEA M
501 WEST BAY STREET
JACKSONVILLE, FL 32202 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: MOSER, BLAKE C
Address: 2849 EVERHOLLY LANE
City-St-Zip: JACKSONVILLE, FL 32223 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 Statues.

SIGNATURE: BLAKE MOSER MGRM 03/20/2011
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date