

2012 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000076325

Entity Name: JAX SPINE & REHAB PLLC

FILED
Oct 02, 2012
Secretary of State

Current Principal Place of Business:

C/O R KHIRSUKHANI
4299 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224

New Principal Place of Business:

C/O R CROSBY
4216 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224

Current Mailing Address:

C/O R KHIRSUKHANI
4299 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224

New Mailing Address:

C/O R CROSBY
4216 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224

FEI Number: 27-2053832

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

CROSBY, RICHARD A
C/O R KHIRSUKHANI
4299 RIPKEN CIRCLE WEST
JACKSONVILLE, FL 32224 US

Name and Address of New Registered Agent:

CROSBY, RICHARD A
RICHARD ADAM CROSBY
4216 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224 US

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: RICHARD ADAM CROSBY

10/02/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: CROSBY, RICHARD A
Address: 4216 RIPKEN CIRCLE EAST
City-St-Zip: JACKSONVILLE, FL 32224

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: RICHARD ADAM CROSBY

MR.

10/02/2012

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