

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000090546

FILED
Apr 27, 2011
Secretary of State

Entity Name: FLORIDA SPINE & NEURODIAGNOSTIC SOLUTIONS, LLC

Current Principal Place of Business:

1093 WILD HOLLY DR
PORT ORANGE, FL 32129 US

New Principal Place of Business:

Current Mailing Address:

1093 WILD HOLLY DR
PORT ORANGE, FL 32129 US

New Mailing Address:

FEI Number: 27-3389944

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LDL ACCOUNTANT & ASSOCIATES CPA'S, LLC
5425 S SEMORAN BLVD SUITE 7C
ORLANDO, FL 32822 US

Name and Address of New Registered Agent:

MTA OF OVIEDO FINANCIAL SERVICES INC
2572 WEST STATE ROAD 426
SUITE 1072
ORLANDO, FL 32765 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: MIRIAM TORRES ACEVEDO

04/27/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MAKAREWICZ, BEAU D DR
Address: 1093 WILD HOLLY DRIVE
City-St-Zip: PORT ORANGE, FL 32129 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: DR. BEAU D MAKAREWICZ

MGRM

04/27/2011

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