

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000093108

FILED  
May 03, 2012  
Secretary of State

**Entity Name:** SEYMOUR SPINE & REHABILITATION, LLC

**Current Principal Place of Business:**

400 EAST COUNTRY CLUB CIRCLE  
PLANTATION, FL 33317

**New Principal Place of Business:**

6919 WEST BROWARD BOULEVARD  
#288  
PLANTATION, FL 33317

**Current Mailing Address:**

P.O. BOX 16576  
FT. LAUDERDALE, FL 33318

**New Mailing Address:**

6919 WEST BROWARD BOULEVARD  
#288  
PLANTATION, FL 33317

**FEI Number:** 27-1959548

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SEYMOUR, AMIR R MD  
400 EAST COUNTRY CLUB CIRCLE  
PLANTATION, FL 33317 US

**Name and Address of New Registered Agent:**

SEYMOUR, ANDREA R MD  
400 EAST COUNTRY CLUB CIRCLE  
PLANTATION, FL 33317 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: ANDREA SEYMOUR

05/03/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SEYMOUR, ANDREA R MD  
Address: 400 E COUNTRY CLUB CIRCLE  
City-St-Zip: PLANTATION, FL 33317 US

Title: MGRM  
Name: SEYMOUR, AMIR R MD  
Address: 400 E COUNTRY CLUB CIRCLE  
City-St-Zip: PLANTATION, FL 33317 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: ANDREA SEYMOUR

MGR

05/03/2012

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