

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000094267

**FILED**  
**Dec 06, 2011**  
**Secretary of State**

**Entity Name:** TOTAL SPINE CARE ASSOCIATES OF SOUTH FLORIDA, LLC

**Current Principal Place of Business:**

5151 COLLINS AVE  
1121  
MIAMI BEACH, FL 33140

**New Principal Place of Business:**

**Current Mailing Address:**

5151 COLLINS AVE  
1121  
MIAMI BEACH, FL 33140

**New Mailing Address:**

PO BOX 160  
CIRCLE PINES, MN 55014

**FEI Number:** 27-3452272

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAPOSO, JUAN M  
5151 COLLINS AVENUE  
1121  
MIAMI BEACH, FL 33140 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: JUAN RAPOSO MD

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: RAPOSO, JUAN M  
Address: 1121 COLLINS AVE # 1121  
City-St-Zip: MIAMI BEACH, FL 33140

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: JUAN RAPOSO, MD

MGR

12/06/2011

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