

# **2011 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L10000095560

**FILED**  
**Nov 03, 2011**  
**Secretary of State**

**Entity Name:** BROTH SPINE AND REHABILITATION CENTERS LLC

**Current Principal Place of Business:**

902 SW LOST RIVERSHORES DR  
STUART, FL 34997

**New Principal Place of Business:**

**Current Mailing Address:**

902 SW LOST RIVERSHORES DR  
STUART, FL 34997

**New Mailing Address:**

**FEI Number:** 27-3468777

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROTH, WAYNE  
902 SW LOST RIVERSHORES DR  
STUART, FL 34997 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: WAYNE BROTH

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: BROTH, WAYNE  
Address: 902 SW LOST RIVERSHORES DR  
City-St-Zip: STUART, FL 34997

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: WAYNE BROTH

DR

11/03/2011

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