

2013 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L10000100807

FILED
Oct 07, 2013
Secretary of State

Entity Name: NEUROLOGY AND SPINE CENTER LLC

Current Principal Place of Business:

3501 HEALTH CENTER BLVD.
STE. 2140
BONITA SPRING, FL 34135 10

New Principal Place of Business:

Current Mailing Address:

3501 HEALTH CENTER BLVD.
STE. 2140
BONITA SPRING, FL 34135 10

New Mailing Address:

FEI Number: 27-2016148

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MORELL, THOMAS M.D.
3501 HEALTH CENTER BLVD., STE. 2140
BONITA SPRINGS, FL 34135 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: THOMAS C MORELL MD

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: MORELL, THOMAS M.D.
Address: 3501 HEALTH CENTER BLVD STE # 2140
City-St-Zip: BONITA SPRINGS, FL 34135

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: THOMAS C MORELL, MD

DR

10/07/2013

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