

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000013915

FILED
Mar 23, 2012
Secretary of State

Entity Name: SPINE WELLNESS AND REHAB, LLC

Current Principal Place of Business:

2154 DUCK SLOUGH BLVD
SUITE 103
TRINITY, FL 34655 US

New Principal Place of Business:

1820 WELLNESS LANE
BUILDING 4
TRINITY, FL 34655 US

Current Mailing Address:

5356 SAGAMORE CT
NEW PORT RICHEY, FL 34655 US

New Mailing Address:

FEI Number: 27-4778009

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DELLECHIAIE, BRANDON C
5356 SAGAMORE COURT
NEW PORT RICHEY, FL 34655 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR
Name: DELLECHIAIE, BRANDON C
Address: 5356 SAGAMORE COURT
City-St-Zip: NEW PORT RICHEY, FL 34655 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: BRANDON DELLECHIAIE

DR.

03/23/2012

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