

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000026275

Entity Name: NMS SPINE LLC

**FILED**  
**Feb 27, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

341 W. GRAVES AVENUE  
ORANGE CITY, FL 32763

**New Principal Place of Business:**

2519 KILGORE ST.  
ORLANDO, FL 32803

**Current Mailing Address:**

341 W. GRAVES AVENUE  
ORANGE CITY, FL 32763

**New Mailing Address:**

2519 KILGORE ST.  
ORLANDO, FL 32803

FEI Number: 27-5341123

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SCHULTZ, NATALIE  
341 W. GRAVES AVENUE  
ORANGE CITY, FL 32763 US

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

SCHULTZ, NATALIE  
2519 KILGORE ST.  
ORLANDO, FL 32803 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: NATALIE SCHULTZ

02/27/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: SCHULTZ, NATALIE  
Address: 2519 KILGORE ST.  
City-St-Zip: ORLANDO, FL 32803

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: NATALIE SCHULTZ

MGRM

02/27/2012

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