

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084945

**FILED**  
**Jan 11, 2012**  
**Secretary of State**

**Entity Name:** PREMIER SPINE SPECIALISTS LLC

**Current Principal Place of Business:**

10801 SW TRADITION SQUARE  
PORT ST. LUCIE, FL 34987

**New Principal Place of Business:**

**Current Mailing Address:**

10801 SW TRADITION SQUARE  
PORT ST. LUCIE, FL 34987

**New Mailing Address:**

**FEI Number:** 45-2955724

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COUNTRY LIVING ASSISTED CARE CENTER, INC.  
1762 SW ARCH STREET  
PORT ST. LUCIE, FL 34953 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: JENSEN, WILLIAM  
Address: 10801 SW TRADITION SQUARE  
City-St-Zip: PORT ST. LUCIE, FL 34987

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: WILLIAM JENSEN D.C.

MGR

01/11/2012

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