

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084980

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** CORE SPINE & REHABILITATION CENTER LLC

**Current Principal Place of Business:**

3522 W. AZEELE STREET  
TAMPA, FL 33609

**New Principal Place of Business:**

**Current Mailing Address:**

5528 WAR ADMIRAL DRIVE  
WESLEY CHAPEL, FL 33544

**New Mailing Address:**

**FEI Number:** 45-2545536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RIVERA, PABLO M  
3522 W. AZEELE STREET  
TAMPA, FL 33609 US

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

NUZZO, JASON T  
4239 W EL PRADO BLVD  
TAMPA, FL 33629 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:** JASON T NUZZO

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** RIVERA, PABLO M  
**Address:** 5528 WAR ADMIRAL DRIVE  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

**Title:** MGR  
**Name:** RIVERA, CHRISTINE A  
**Address:** 5528 WAR ADMIRAL DRIVE  
**City-St-Zip:** WESLEY CHAPEL, FL 33544

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:** PABLO RIVERA

MGR

04/26/2012

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