

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L13000151484

**FILED**  
**Oct 08, 2014**  
**Secretary of State**

**Entity Name:** NEUROSPINE INSTITUTE LLC

**Current Principal Place of Business:**

8430 W BROWARD BLVD  
SUITE 200  
PLANTATION, FL 33324 US

**New Principal Place of Business:**

**Current Mailing Address:**

8430 W BROWARD BLVD  
SUITE 200  
PLANTATION, FL 33324 US

**New Mailing Address:**

151 N NOB HILL RD  
SUITE 311  
PLANTATION, FL 33324 US

**FEI Number:** 46-5318844

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SAHAI, ASHISH  
9325 GLADES RD  
SUITE 205  
BOCA RATON, FL 33441 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:** ASHISH SAHAI

Electronic Signature of Registered Agent

Date

**AUTHORIZED PERSONS:**

**Title:** MGRM  
**Name:** SAHAHI, ASHISH  
**Address:** 932 GLADES RD SUITE 205  
**City-St-Zip:** BOCA RATON, FL 33434 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 authorized to execute this report as required by Chapter 605, Florida Statutes.

**SIGNATURE:** ASHISH SAHAI

MGR

10/08/2014

Electronic Signature of Authorized Person

Date