FILE NOW: Fee after May 1, will be $263.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1995 APR 27 PM 12:50
TALLAHASSEE, FLORIDA

FILING FEE $ 238.75	Annual Report $100.00 + $138.75 Corporation Supplemental Fee
	Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1 Name and Mailing Address of Limited Liability Company

DOCUMENT # L94000000403

SUNCOAST SPINAL CENTER OF CLEARWATER, L.C.
P. O. BOX 8550
CLEARWATER FL 34618-8550

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2

1a. Principal Place of Business Address

701 N. HERCULES AVENUE
SUITE A
CLEARWATER FL 34625

2 Mailing Address	2a. Principal Place of Business
Suite, Apt. #, etc	Suite, Apt. #, etc
City & State	City & State
Zip / County	Zip / County

3. Date Organized or Qualified	3a. State of Formation
08/17/1994	FL

4. FEI Number: 59-5258970 ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired ☐ $8.75 Additional Fee Required

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent
BILLIRIS, TOM H 701 N. HERCULES AVENUE SUITE A CLEARWATER FL 34625	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc City FL Zip Code

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations

SIGNATURE Tom H Billiris DATE 1/26/95

10. Title	Managing Members Managers	Business Street Address	City, State and Zip Code
MGRM	WOLSTEIN, BRIAN	701 N. HERCULES AVENUE, SU	CLEARWATER FL
MGRM	BILLIRIS, TOM H	701 N. HERCULES AVENUE, SU	CLEARWATER FL

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****238.75 ****238.75

DLD
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11 I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my 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; and that my name appears in Block 10, or on an attachment with an asterisk.

SIGNATURE: Tom H Billiris Brian Wolstein 1/31/95 813-443-5711
(Name of Person Signing) (Title) (Date) (Daytime Phone #)

INITIAL REPORT (12-94)