

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2005 08:00 AM
Secretary of State

DOCUMENT # L99000001846

1. Entity Name
BRAIN AND SPINE, L.L.C.



Principal Place of Business
2011 NORTH HARRISON AVENUE
PANAMA CITY, FL 32405

Mailing Address
2011 NORTH HARRISON AVENUE
PANAMA CITY, FL 32405



01172005No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-3572738

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

BRYANT, ROWLETT W
833 HARRISON AVENUE
PANAMA CITY, FL 32401

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2005**

U000000204207
01/29/05-80061-013 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	STRINGER, DOUGLAS L
STREET ADDRESS	2011 NORTH HARRISON AVENUE
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	STRINGER, MERLE P
STREET ADDRESS	2011 NORTH HARRISON AVENUE
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	ELZAWAHRY, KAMEL
STREET ADDRESS	2202 STATE AVENUE
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	MGRM
NAME	STRINGER-MADDOX, KARIN
STREET ADDRESS	2202 STATE AVENUE, STE 201
CITY - ST - ZIP	PANAMA CITY, FL 32405
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

1/27/05

850 769 3261