
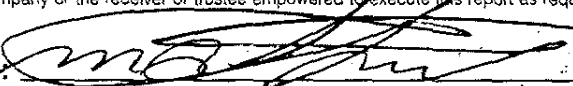


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 24, 2006 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	
DO NOT WRITE IN THIS SPACE		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$50.00 Due by May 1, 2006		
9. MANAGING MEMBERS/MANAGERS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRINGER, DOUGLAS L 2011 NORTH HARRISON AVENUE PANAMA CITY, FL 32405	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRINGER, MERLE P 2011 NORTH HARRISON AVENUE PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ELZAWAHRY, KAMEL 2202 STATE AVENUE PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM STRINGER-MADDOX, KARIN 2202 STATE AVENUE, STE 201 PANAMA CITY, FL 32405	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		Date: 4/21/06 Daytime Phone #: 850 769 3261



04192006 No Chg-LLC CR2E083 (11/05)

4. FEI Number 59-3572738 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

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05/06/06-80096-019 50.00