2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2008 08:00 AM
Secretary of State

DOCUMENT # L99000001846

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

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

04252008 No Chg-LLC CR2E083 (12/07)

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

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $138.75
After May 1, 2008 Fee will be $538.75

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	

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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: _____ 4/29/08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #