

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L99000001846

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

**FILED**  
**Mar 09, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

2011 NORTH HARRISON AVENUE  
PANAMA CITY, FL 32405

**New Principal Place of Business:**

**Current Mailing Address:**

2011 NORTH HARRISON AVENUE  
PANAMA CITY, FL 32405

**New Mailing Address:**

FEI Number: 59-3572738

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

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

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STRINGER, DOUGLAS L  
Address: 2011 NORTH HARRISON AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: STRINGER, MERLE P  
Address: 2011 NORTH HARRISON AVENUE  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: ELZAWAHRY, KAMEL  
Address: 2202 STATE AVENUE, SUITE 201  
City-St-Zip: PANAMA CITY, FL 32405

Title: MGRM  
Name: STRINGER-MADDOX, KARIN  
Address: 2202 STATE AVENUE, STE 201  
City-St-Zip: PANAMA CITY, FL 32405

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 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: MERLE P. STRINGER

MGRM

03/09/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date