2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001327

Entity Name: U.S. SPINAL TECHNOLOGIES, LLC

FILED Feb 05, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 3600 FAU BOULEVARD, SUITE 101 BOCA RATON, FL 33431 **Current Mailing Address: New Mailing Address:** 3600 FAU BOULEVARD, SUITE 101 BOCA RATON, FL 33431 FEI Number: 80-0063013 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: AMERICAN INFORMATION SERVICES, INC. ONE S.E. 3RD AVENUE, 28TH FLOOR MIAMI, FL 33131 US 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: ADDITIONS/CHANGES: Title: () Change () Addition () Delete BLAKE, DORIS M PRESIDE Name: Name: 3600 FAU BOULEVARD, SUITE 101 Address: Address: City-St-Zip: BOCA RATON, FL 33431 City-St-Zip: Title: MGR () Delete Title: () Change () Addition KOMAN, JAMES Name: Name: Address: 8027 FORSYTH ROAD Address: City-St-Zip: ST. LOUIS, MO 631051706 City-St-Zip: Title: MGR () Delete Title: () Change () Addition MURREY, DANIEL DR. Name: Name: Address: 1020 ISLEWORTH AVENUE Address: City-St-Zip: CHARLOTTE, NC 28203 City-St-Zip: Title: MGR () Delete Title: () Change () Addition Name: GUNNELL, CASEY Name: 385 ROYAL PALM WAY Address: Address: City-St-Zip: BOCA RATON, FL 33432 City-St-Zip: Title: MGR () Delete Title: () Change () Addition ROBERT, WETZEL Name: Name: 9648 OLIVE BLVD., SUITE 239 Address: Address: City-St-Zip: ST. LOUIS, MO 63132 City-St-Zip: Title: () Delete Title: () Change () Addition MUSSEY, JOSEPH Name: Name: Address: 27725 PINE STRAP CIRCLE Address: LAGUNA HILLS, CA 92653 78 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further 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: DORIS BLAKE MRS. 02/05/2007