

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M08000004642

Entity Name: SPINE HEALTH, LLC

**FILED**  
**Jun 22, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

222 ISLAND CIRCLE  
SARASOTA, FL 34242

**New Principal Place of Business:**

**Current Mailing Address:**

222 ISLAND CIRCLE  
SARASOTA, FL 34242

**New Mailing Address:**

FEI Number: 26-3563530

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPDIRECT AGENTS, INC.  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301 US

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

WACHOWIAK, BRAD  
5700 MIDNIGHT PASS RD  
STE 4  
SARASOTA, FL 34242 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: BRADLEY WACHOWIAK

06/22/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: WACHOWIAK, BRADLEY  
Address: 222 ISLAND CIRCLE  
City-St-Zip: SARASOTA, FL 34242

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: BRADLEY J WACHOWIAK

MGR

06/22/2011

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