

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M11000003459

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** LASER SPINE INSTITUTE CONSULTING LLC

**Current Principal Place of Business:**

% LASER SPINE INSTITUTE LLC  
3031 N. ROCKY POINT DRIVE E., STE. 300  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

% LASER SPINE INSTITUTE LLC  
3031 N. ROCKY POINT DRIVE E., STE. 300  
TAMPA, FL 33607

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired ( )**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324    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: MGR  
Name: HORNE, WILLIAM E  
Address: 3031 N. ROCKY PT DRIVE E., STE. 300  
City-St-Zip: TAMPA, FL 33607

Title: MGR  
Name: GRAMMEN, ROBERT P  
Address: 3031 N. ROCKY PT DRIVE E., STE. 300  
City-St-Zip: TAMPA, FL 33607

Title: MGR  
Name: BOLLINGER, DOTTY  
Address: 3031 N. ROCKY PT DRIVE E., STE. 300  
City-St-Zip: TAMPA, FL 33607

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: WILLIAM E HORNE

MGR

04/29/2012

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