

# **2014 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M13000002444

Entity Name: RENEW SPINAL CARE, LLC

**FILED**  
**Nov 19, 2014**  
**Secretary of State**

## **Current Principal Place of Business:**

8370 W. HILLSBOROUGH AVE.  
SUITE 103  
TAMPA, FL 33615

## **New Principal Place of Business:**

2203 N. LOIS AVE.  
SUITE M-250  
TAMPA, FL 33607

## **Current Mailing Address:**

8370 W. HILLSBOROUGH AVE.  
SUITE 103  
TAMPA, FL 33615

## **New Mailing Address:**

2203 N. LOIS AVE.  
SUITE M-250  
TAMPA, FL 33607

FEI Number: 46-1350666

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BAILEY, JOE S  
8370 W. HILLSBOROUGH AVE.  
SUITE 103  
TAMPA, FL 33615 US

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

BAILEY, JOE S  
2203 N. LOIS AVE  
SUITE M-250  
TAMPA, FL 33607 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: JOE S. BAILEY

11/19/2014

Electronic Signature of Registered Agent

Date

## **AUTHORIZED PERSONS:**

Title: MGR  
Name: BAILEY, JOE S  
Address: 308 WALLICK DRIVE  
City-St-Zip: COTTER, AR 72626

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: JOE S. BAILEY

MGR

11/19/2014

Electronic Signature of Authorized Person

Date