

2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P16000003848

Entity Name: SPINE CARE INSTITUTE OF MIAMI BEACH, P.A.

Current Principal Place of Business:

4308 ALTON RD
STE 610
MIAMI BEACH, FL 33140

Current Mailing Address:

4308 ALTON RD
STE 610
MIAMI BEACH, FL 33140 US

FEI Number: 81-1211462

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COHEN, DAN S
4308 ALTON RD
STE 610
MIAMI BEACH, FL 33140 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

Officer/Director Detail :

Title D
Name COHEN, DAN S
Address 5959 COLLINS AVE UNIT 707
City-State-Zip: MIAMI BEACH FL 33140

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: DAN S COHEN

D

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date