

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000024610

**Entity Name:** NEUROSURGERY AND SPINE SPECIALISTS, L.L.C.

**Current Principal Place of Business:**

5831 BEE RIDGE ROAD, STE. 100  
SARASOTA, FL 34233

**Current Mailing Address:**

5831 BEE RIDGE ROAD, STE. 100  
SARASOTA, FL 34233

**FEI Number:** 05-0531835

**Certificate of Status Desired:** No

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

SHUMAKER, LOOP & KENDRICK, LLP  
240 SOUTH PINEAPPLE AVE  
SARASOTA, FL 34236 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

**Authorized Person(s) Detail :**

Title MGRM  
Name MAYER, PETER L  
Address 4053 HIGEL AVE  
City-State-Zip: SARASOTA FL 34239

Title MGRM  
Name GLASSER, RYAN S  
Address 152 OSPREY POINT DR  
City-State-Zip: OSPREY FL 34229

Title MGRM  
Name KNEGO, ROBERT S  
Address 1729 S POINTE DR  
City-State-Zip: SARASOTA FL 34231

Title MGRM  
Name FINE, ANDREW D  
Address 34 SANDY HOOK ROAD SOUTH  
City-State-Zip: SARASOTA FL 34242

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** RYAN GLASSER

**PARTNER**

**02/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date