

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000055217

Entity Name: NEUROSURGERY & SPINE LAND COMPANY, L.L.C.

Current Principal Place of Business:

5831 BEE RIDGE RD, STE 100
SARASOTA, FL 34233

Current Mailing Address:

5831 BEE RIDGE RD, STE 100
SARASOTA, FL 34233

FEI Number: 20-1399952

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, JENNIFER
Address 4053 HIGEL AVE
City-State-Zip: SARASOTA FL 34242

Title MGRM
Name KNEGO, SIMONE
Address 1729 SOUTHPOINTE DRIVE
City-State-Zip: SARASOTA FL 34231

Title MGRM
Name MAYER, PETER LMD
Address 4053 HIGEL AVE
City-State-Zip: SARASOTA FL 34242

Title MGRM
Name FINE PROPERTIES ,LLC
Address 5777 BENEVA RD SOUTH
City-State-Zip: SARASOTA FL 34233

Title MGMR
Name KNEGO, ROBERT SMD
Address 1729 SOUTHPOINTE DRIVE
City-State-Zip: SARASOTA FL 34231

Title MGMR
Name GLASSER, RYAN S MD
Address 152 OSPREY POINT DRIVE
City-State-Zip: OSPREY FL 34229

Title MGMR
Name GLASSER, WENDY L
Address 152 OSPREY POINT DR
City-State-Zip: OSPREY FL 34229

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