

**2023 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 S GLASSER

**MGMR**

**01/31/2023**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date