

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000061948

**Entity Name:** SPINAL DECOMPRESSION AND LASER CENTER LLC

**Current Principal Place of Business:**

780 US 1  
SUITE 200  
VERO BEACH, FL 32962

**Current Mailing Address:**

780 US 1  
SUITE 200  
VERO BEACH, FL 32962

**FEI Number:** 30-0322345

**Certificate of Status Desired:** Yes

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

PERKINS, TED H  
780 US 1 SUITE 200  
VERO BEACH, FL 32962 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	Title	MANAGER
Name	PERKINS, TED H	Name	PERKINS, SUSAN N
Address	780 US 1 SUITE 200	Address	780 US 1 SUITE 200
City-State-Zip:	VERO BEACH FL 32962	City-State-Zip:	VERO BEACH FL 32962

*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:** SUSAN N. PERKINS

**MANAGER**

**04/11/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date