

2019 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: DR SUSAN PERKINS

MGR

04/29/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date