

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000122610

Entity Name: HALIFAX SPINE CENTER A PROFESSIONAL LIMITED LIABILITY COMPANY

FILED
Feb 14, 2016
Secretary of State
CC8090319040

Current Principal Place of Business:

315 N. CAUSEWAY
E-303
NEW SMYRNA BEACH, FL 32169

Current Mailing Address:

315 N. CAUSEWAY
E-303
NEW SMYRNA BEACH, FL 32169 US

FEI Number: 26-2608460

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, HOLLY
315 N. CAUSEWAY
E-303
NEW SMYRNA BEACH, FL 32169 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 SMITH, HOLLY
Address 315 N. CAUSEWAY
City-State-Zip: NEW SMYRNA BEACH FL 32169

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: HOLLY SMITH

MGMB

02/14/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date