

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000122610

**Entity Name:** HALIFAX SPINE CENTER A PROFESSIONAL LIMITED LIABILITY COMPANY

**FILED**  
**Feb 01, 2025**  
**Secretary of State**  
**3625047627CC**

**Current Principal Place of Business:**

8725 TRATTORIA TERRACE  
SARASOTA, FL 34238

**Current Mailing Address:**

3461 MEDICI BLVD  
NEW SMYRNA BEACH, FL 32168 US

**FEI Number: 26-2608460**

**Certificate of Status Desired: No**

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

SMITH, HOLLY  
3461 MEDICI BLVD  
NEW SMYRNA BEACH, FL 32168 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 3461 MEDICI BLVD  
City-State-Zip: NEW SMYRNA BEACH FL 32168

*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**

**02/01/2025**

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

\_\_\_\_\_  
Date