

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000013942

Entity Name: SPINE AND ORTHOPAEDIC SPECIALISTS, PLLC

Current Principal Place of Business:

2040 SHORT AVE.
ODESSA, FL 33556

Current Mailing Address:

2040 SHORT AVE.
ODESSA, FL 33556

FEI Number: 20-4199089

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SIDDIQI, FARHAN MD
2040 SHORT AVE.
ODESSA, FL 33556 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 SIDDIQI, FARHAN
Address 10300 ALTRARA WAY
City-State-Zip: TRINITY FL 34655

Title MGRM
Name HAYES, VICTOR
Address 2148 GOLD DUST CT.
City-State-Zip: TRINITY FL 34655

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: FARHAN SIDDIQI

MGRM

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date