2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 25, 2014
Secretary of State
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Entity Name: MORENO/JOSEPH SPINE AND SCOLIOSIS, P.L.

Current Principal Place of Business:

1800 MEASE DRIVE
SAFETY HARBOR, FL 34695

Current Mailing Address:

1800 MEASE DRIVE
SAFETY HARBOR, FL 34695

FEI Number: 20-4697987

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MORENO, ANTHONY PMD
1800 MEASE DRIVE
SAFETY HARBOR, FL 34695 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	MORENO, ANTHONY PMD
Address	4929 LYFORD CAY ROAD
City-State-Zip:	TAMPA FL 33629

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: ANTHONY P. MORENO M.D. MGRM 04/25/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date