

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000037665

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 MORENO, M.D.

MGRM

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date