#### 2018 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000037665

Entity Name: MORENO SPINE AND SCOLIOSIS, P.L.L.C.

FILED
May 04, 2018
Secretary of State
CC4156511741

#### **Current Principal Place of Business:**

3251 MCMULLEN BOOTH RD.

SUITE 301

CLEARWATER, FL 33761

## **Current Mailing Address:**

4929 LYFORD CAY ROAD TAMPA, FL 33629 US

FEI Number: 20-4697987 Certificate of Status Desired: No

# Name and Address of Current Registered Agent:

MORENO, SANDRA 3251 MC MULLEN BOOTH RD. SUITE 301 CLEARWATER, FL 33761 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: SANDRA MORENO 05/04/2018

Electronic Signature of Registered Agent

Date

## Authorized Person(s) Detail:

Title MGRM

Name MORENO, SANDRA

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.

Electronic Signature of Signing Authorized Person(s) Detail