

**2016 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 P. MORENO, M.D.

MGRM

04/27/2016

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

\_\_\_\_\_  
Date