

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000089594

Entity Name: CENTRAL FLORIDA SPINE INSTITUTE, PLLC

Current Principal Place of Business:

1500 SE MAGNOLIA EXTENSION
SUITE 104
OCALA, FL 34471

Current Mailing Address:

4065 SE 43 CIRCLE
OCALA, FL 34480 US

FEI Number: 20-5529258

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PARAISO, JAMES J
4065 SE 43 CIRCLE
OCALA, FL 34480 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 PARAISO, JAMES J
Address 4065 SE 43 CIRCLE
City-State-Zip: Ocala FL 34480

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES J PARAISO

MANAGER

04/06/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date