2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2015
Secretary of State
CC6257341516

DOCUMENT# L07000024512

Entity Name: SOUTH PALM ORTHOSPINE INSTITUTE, LLC

Current Principal Place of Business:

15300 JOG RD, STE 108
DELRAY BEACH, FL 33446

Current Mailing Address:

15300 JOG RD, STE 108
DELRAY BEACH, FL 33446

FEI Number: 20-8531861

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EIDELSON, JACQUELINE
15300 JOG RD
#107-#108
DELRAY BEACH, FL 33446 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: JACQUELINE EIDELSON 01/06/2015

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	DR	Title	MGR
Name	EIDELSON, STEWART M.D.	Name	EIDELSON, JACQUELINE
Address	1023 BEL AIR DRIVE #B	Address	1023 BEL AIR DRIVE #B
City-State-Zip:	HIGHLAND BEACH FL 33487	City-State-Zip:	HIGHLAND BEACH FL 33487

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: JACQUELINE EIDELSON MGR 01/06/2015

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