

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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
2498 SPANISH RIVER ROAD
BOCA RATON, FL 33432 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

01/08/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title DR
Name EIDELSON, STEWART M.D.
Address 2498 SPANISH RIVER ROAD
City-State-Zip: BOCA RATON FL 33432

Title MGR
Name EIDELSON, JACQUELINE
Address 2498 SPANISH RIVER RD.
City-State-Zip: BOCA RATON FL 33432

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

01/08/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date