

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000014914

Entity Name: TAMPA BAY BRAIN AND SPINE INSTITUTE, P.L.

Current Principal Place of Business:

5128 LONGFELLOW AVENUE
TAMPA, FL 33629

Current Mailing Address:

5128 LONGFELLOW AVENUE
TAMPA, FL 33629 US

FEI Number: 26-4264488

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH AEBEL, ERIN ESQ
101 EAST KENNEDY BOULEVARD, STE 2800
SHUMAKER, LOOP & KENDRICK, LLP
TAMPA, FL 33602 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 KOWALSKI, ROBERT M.D.
Address 5128 LONGFELLOW AVENUE
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: ROBERT KOWALSKI

MANAGING MEMBER

04/18/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date