

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000037862

Entity Name: MIAMI SPINE INSTITUTE LLC

Current Principal Place of Business:

5140 RIVIERA DRIVE
CORAL GABLES, FL 33146

Current Mailing Address:

P.O. BOX 835160
MIAMI, FL 33283 US

FEI Number: 26-4712888

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SNYDER, SHAWN C
7931 S.W. 45TH STREET
DAVIE, FL 33328 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: SHAWN C. SNYDER

04/20/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name RAJADHYAKSHA, AMAR DMD
Address 5140 RIVIERA DRIVE
City-State-Zip: CORAL GABLES FL 33146

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: AMAR RAJADHYAKSHA, DMD

MANAGER

04/20/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date