

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000037862

**Entity Name:** MIAMI SPINE INSTITUTE LLC

**Current Principal Place of Business:**

11801 SW 90TH STREET  
201  
MIAMI, FL 33186

**Current Mailing Address:**

11801 SW 90TH STREET  
201  
MIAMI, FL 33186 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

04/01/2014

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name RAJADHYAKSHA, AMAR DMD  
Address 11801 SW 90TH STREET STE 201  
City-State-Zip: MIAMI FL 33186

*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

MANAGER

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date