2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000058248

Entity Name: NORTH ORLANDO SPINE CENTER, LLC

Current Principal Place of Business:

2160 W SR 434 SUITE 108

LONGWOOD, FL 32779

Current Mailing Address:

2160 W SR 434 SUITE 108

LONGWOOD, FL 32779 US

FEI Number: 37-1584924 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

INGRANDO, NICOLE L DR. 2160 W SR 434 SUITE 108 LONGWOOD, FL 32779 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: NICOLE L. INGRANDO 01/30/2019

Electronic Signature of Registered Agent Date

Authorized Person(s) Detail :

Title MGRM Title MGRM

Name INGRANDO, NICOLE L DR. Name CONNELLY, AMANDA B DR.

Address 2160 W SR 434 Address 2160 W SR 434

SUITE 108 SUITE 108

City-State-Zip: LONGWOOD FL 32779 City-State-Zip: LONGWOOD FL 32779

Title MANAGER

Name INGRANDO, VINCENT MICHAEL

Address 2160 W SR 434

SUITE 108

SIGNATURE: VINCENT INGRANDO

City-State-Zip: LONGWOOD FL 32779

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.

Electronic Signature of Signing Authorized Person(s) Detail

01/30/2019

MANAGER

FILED Jan 30, 2019

Secretary of State

2692517073CC

Date