## 2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000058248

Entity Name: NORTH ORLANDO SPINE CENTER, LLC

**Current Principal Place of Business:** 

140 CROWN OAK CENTRE DR LONGWOOD. FL 32750

**Current Mailing Address:** 

140 CROWN OAK CENTRE DR LONGWOOD, FL 32750

FEI Number: 37-1584924 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

KRAMER, STEVEN D 999 DOUGLAS AVENUE SUITE 3333 ALTAMONTE SPRINGS, FL 32714 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

FILED Feb 08, 2013

**Secretary of State** 

CC3932547108

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name INGRANDO, NICOLE LDR Name CONNELLY, AMANDA

Address 140 CROWN OAK CENTRE DR Address 140 CROWN OAK CENTRE DR

City-State-Zip: LONGWOOD FL 32750 City-State-Zip: LONGWOOD FL 32750

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: NICOLE INGRANDO

**MGRM** 

02/08/2013