

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000019810

Entity Name: NEUROLOGY & SPINE DISORDERS, LLC

Current Principal Place of Business:

1673 MASON AVENUE
SUITE 305
DAYTONA BEACH, FL 32117

Current Mailing Address:

PO BOX 48
DAYTONA BEACH, FL 32115

FEI Number: 27-1985236

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

R&A AGENTS, INC.
CNL CENTER II, 7TH FLOOR
420 S. ORANGE AVE.
ORLANDO, FL 32801 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 MGR
Name STONE, MELVIN
Address PO BOX 48
City-State-Zip: DAYTONA BEACH FL 32115

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: MELVIN STONE, MD

MANAGER

04/12/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date