

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000076325

Entity Name: JAX SPINE & REHAB PLLC

Current Principal Place of Business:

C/O R CROSBY
13170 ATLANTIC BLVD # 28
JACKSONVILLE, FL 32225

Current Mailing Address:

C/O R CROSBY
4216 RIPKEN CIRCLE EAST
JACKSONVILLE, FL 32224

FEI Number: 27-3585360

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CROSBY, RICHARD A
RICHARD ADAM CROSBY
13170 ATLANTIC BLVD # 28
JACKSONVILLE, FL 32225 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 MGRM
Name CROSBY, RICHARD A
Address 4216 RIPKEN CIRCLE EAST
City-State-Zip: JACKSONVILLE FL 32224

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: RICHARD ADAM CROSBY

OWNER

02/25/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date