

**2017 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**

**01/12/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date