

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000066934

Entity Name: ORTHOPEDIC & SPINE INSTITUTE LLC

Current Principal Place of Business:

2295 NW CORPORATE BLVD.
#140
BOCA RATON, FL 33431

Current Mailing Address:

2295 NW CORPORATE BLVD.
#140
BOCA RATON, FL 33431

FEI Number: 46-0813197

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PPMS
2295 NW CORPORATE BLVD.
#140
BOCA RATON, FL 33431 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: GARY BROWN

04/30/2014

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name BROWN, GARY
Address 2295 NW CORPORATE BLVD., #140
City-State-Zip: BOCA RATON FL 33431

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: GARY BROWN

P

04/30/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date