

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000168004

Entity Name: ADVANCED NEURO SPINE INSTITUTE, LLC

Current Principal Place of Business:

21097 NE 27TH COURT
SUITE # 540
AVENTURA, FL 33180

Current Mailing Address:

21097 NE 27TH COURT
SUITE # 540
AVENTURA, FL 33180 US

FEI Number: 32-0429527

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COHEN, JEFFREY L ESQ
909 SE 5TH AVENUE
SUITE 200
DELRAY BEACH, FL 33483 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: JEFFREY L. COHEN, ESQ.

07/08/2016

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name MIAMI NEUROLOGICAL INSTITUTE,
LLC
Address 4419 NORTH BAY ROAD
City-State-Zip: MIAMI BEACH FL 33140

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: SANTIAGO FIGUERO

MGMR

07/08/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date