

**2015 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

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.

03/16/2015

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, MD

MANAGER

03/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date