

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000010793

**Entity Name:** SPINE AND NEUROSURGICAL CENTER LLC

**Current Principal Place of Business:**

1840 FOREST HILL BLVD  
SUITE 201  
WEST PALM BEACH, FL 33406

**Current Mailing Address:**

151 N NOB HILL RD  
SUITE 311  
PLANTATION, FL 33324 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SAHAI, ASHISH  
9325 GLADES ROAD  
SUITE 205  
BOCA RATON, FL 33434 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:** ASHISH SAHAI

04/22/2015

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SAHAI, ASHISH  
Address 9325 GLADES RD #205  
City-State-Zip: BOCA RATON FL 33434

*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:** ASHISH SAHAI

MGRM

04/22/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date