

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000053914

**Entity Name:** THE SPINE AND NEUROSCIENCE CENTER PLLC

**Current Principal Place of Business:**

4322 E TRADEWINDS AVE.  
LAUDERDALE-BY-THE-SEA, FL 33308

**Current Mailing Address:**

PO BOX 271463  
HOUSTON, TX 77277 US

**FEI Number:** 81-4283940

**Certificate of Status Desired:** Yes

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

NADER, REMI  
4322 E TRADEWINDS AVE.  
LAUDERDALE-BY-THE-SEA, FL 33308 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:** REMI NADER

03/24/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name NADER, REMI  
Address 4322 E TRADEWINDS AVE.  
City-State-Zip: LAUDERDALE-BY-THE-SEA FL 33308

*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:** REMI NADER

**PRESIDENT**

03/24/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date