

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000073430

**Entity Name:** SPORTS & SPINE MEDICAL REHABILITATION PLLC

**Current Principal Place of Business:**

9239 BAYWAY DR  
ORLANDO, FL 32819

**Current Mailing Address:**

9239 BAYWAY DR  
ORLANDO, FL 32819 US

**FEI Number:** 47-3843059

**Certificate of Status Desired:** Yes

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

HUSSAIN, DIANA  
9239 BAYWAY DR  
ORLANDO, FL 32819 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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HUSSAIN, DIANA  
Address 9239 BAYWAY DR  
City-State-Zip: ORLANDO FL 32819

*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:** DIANA HUSSAIN

AMBR

01/10/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date