

2016 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:

BENFIELD, RON
2223 LANGLEY CIRCLE
ORLANDO, FL 32835 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

M.D.

03/10/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date