

2017 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000182733

Entity Name: SPINE AND NEUROSURGICAL SPECIALISTS OF SOUTH FLORIDA, LLC

Current Principal Place of Business:

2047 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33409

Current Mailing Address:

2047 PALM BEACH LAKES BLVD.
WEST PALM BEACH, FL 33409 US

FEI Number: 47-5509123

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CUTLER, JONATHAN
2047 PALM BEACH LAKES BOULEVARD
WEST PALM BEACH, FL 33409 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: JONATHAN CUTLER

07/21/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name CUTLER, JONATHAN
Address 2047 PALM BEACH LAKES
BOULEVARD
City-State-Zip: WEST PALM BEACH FL 33409

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: JONATHAN CUTLER

MANAGER

07/21/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date