

**2021 FLORIDA LIMITED LIABILITY COMPANY 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

03/30/2021

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

PRESIDENT

03/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date