

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000051421

Entity Name: NORTH BAY SPINE AND REHAB, LLC

Current Principal Place of Business:

2431 BRUNELLO TRACE
LUTZ, FL 33558

Current Mailing Address:

2431 BRUNELLO TRACE
LUTZ, FL 33558 US

FEI Number: 82-0749975

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOWSER, BRETT R
2431 BRUNELLO TRACE
LUTZ, FL 33558 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 | MGR | Title | MGR |
| Name | BOWSER, BRETT R | Name | BOWSER, JENNIFER M |
| Address | 2431 BRUNELLO TRACE | Address | 2431 BRUNELLO TRACE |
| City-State-Zip: | LUTZ FL 33558 | City-State-Zip: | LUTZ FL 33558 |

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: BRETT BOWSER

OWNER

01/19/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date