## 2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000161437

Entity Name: MINIMALLY INVASIVE SPINE CENTER OF SOUTH FLORIDA,

LLC

Jan 27, 2020 Secretary of State 7328163902CC

**FILED** 

## **Current Principal Place of Business:**

3659 S. MIAMI AVE., #4002 MIAMI, FL 33133

# **Current Mailing Address:**

3659 S. MIAMI AVE., #4002 MIAMI, FL 33133 US

FEI Number: 82-2320048 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

GREENSPOON MARDER, P.A. 200 E BROWARD BLVD., STE 1800 FT LAUDERDALE, FL 33301 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

Name GOTTLIEB, JONATHAN
Address 3659 S. MIAMI AVE., #4002

City-State-Zip: MIAMI FL 33133

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.

**MANAGER** 

SIGNATURE: JONATHAN GOTTLIEB