DOCUMENT# L17000161437 Entity Name: MINIMALLY INVASIVE SPINE CENTER OF SOUTH FLORIDA, LLC **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

Name and Address of Current Registered Agent:

MINIMALLY INVASIVE SPINE CENTER OF SOUTH FLORIDA 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: JONATHAN R GOTTLIEB

Electronic Signature of Registered Agent

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.

05/27/2022 SIGNATURE: JONATHAN ROBERT GOTTLIEB CEO

2022 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

Electronic Signature of Signing Authorized Person(s) Detail

Date

05/27/2022

FILED May 27, 2022 Secretary of State 5748887041CC

Certificate of Status Desired: No

Date