

**2025 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# M24000009998

**Entity Name:** PRINCETON BRAIN & SPINE CARE, LLC

**Current Principal Place of Business:**

731 ALEXANDER ROAD SUITE 200  
PRINCETON, NJ 08540

**Current Mailing Address:**

731 ALEXANDER ROAD SUITE 200  
PRINCETON, NJ 08540 US

**FEI Number:** 20-2316651

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LIVINGSTON, BRENDA  
2322 SILVER PALM DRIVE  
KISSIMMEE, FL 34747 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 MBR  
Name SHAH, NIRAV  
Address 125 PARSONS LANE  
City-State-Zip: NEWTON PA 18940

Title MBR  
Name MCLAUGHLIN, MARK  
Address 4547 PROVINCLINE ROAD  
City-State-Zip: PRINCETON NJ 08540

Title MBR  
Name JOSEFFER, SETH  
Address 10 BOUDINOT STREET  
City-State-Zip: PRINCETON NJ 08540

*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:** MARK MCLAUGHLIN

**OFFICER**

**06/11/2025**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date