2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009465

FILED Apr 08, 2004 Secretary of State

Entity Name: SPINAL CORD GROUP OF COLLIER COUNTY, INC.

Current Principal Place of Business: New Principal Place of Business: 8370 BIG ACORN CIRCLE, #1402 NAPLES, FL 34119 **Current Mailing Address: New Mailing Address:** 8370 BIG ACORN CIRCLE, #1402 NAPLES, FL 34119 FEI Number: 20-0351195 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: NAPLES-LAWDOCK, INC. 1395 PANTHER LANE NAPLES, FL 34109 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition IDAPSE, MINDY Name: Name: 8370 BIG ACORN CIRCLE, #1402 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: Title: (X) Change () Addition () Delete Name: BUCK, MARC Name: LANG, JERRY K MS Address: 8370 BIG ACORN CIRCLE, #1402 Address: 40 MENTOR DRIVE City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34110 13 Title: () Delete Title: (X) Change () Addition HARVEY, CONSTANCE DEVARISTE, LYNN Name: Name: 8370 BIG ACORN CIRCLE, #1402 5921-2 COPPER LEAF LANE Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: NAPLES, FL 34116 Title: () Delete Title: () Change () Addition Name: UDAPSE, FRANK Name: 8370 BIG ACORN CIRCLE, #1402 Address: Address: City-St-Zip: NAPLES, FL 34119 City-St-Zip: Title: () Delete Title: () Change (X) Addition PAZUCHANICS, JAMI Name: Name: 8345 BIG ACORN CIRCLE #602 Address: Address: City-St-Zip: City-St-Zip: NAPLES, FL 34119 Title: () Delete Title: () Change (X) Addition KANAR, COLON DR Name: Name: Address: Address: 270 TAMIAMI TRAIL NAPLES, FL 34102 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JERRY K LANG TD 04/08/2004