

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011486

FILED  
Jan 19, 2009  
Secretary of State

Entity Name: LASER SPINE FOUNDATION, INC.

**Current Principal Place of Business:**

3001 N. ROCKY POINT DR. E.  
SUITE 340  
TAMPA, FL 33607

**New Principal Place of Business:**

**Current Mailing Address:**

P.O.BOX 415  
GULF BREEZE, FL 32562

**New Mailing Address:**

FEI Number: 26-2776424      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

GARCIA, PHILLIP J  
3001 N. ROCKY POINT DR. E.  
SUITE 380  
TAMPA, FL 33607 US

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

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:**

Title: CEO ( ) Delete  
Name: HORNE, BILL  
Address: 3001 N. ROCKY POINT DR E, STE380  
City-St-Zip: TAMPA, FL 33607

Title: PRES ( ) Delete  
Name: TRAVIESA, TREY  
Address: 3001 N. ROCKY POINT DR E, STE380  
City-St-Zip: TAMPA, FL 33607

Title: V.P. ( ) Delete  
Name: GARCIA, PHIL  
Address: 3001 N ROCKY POINT DR E, STE380  
City-St-Zip: TAMPA, FL 33607

Title: SEC ( ) Delete  
Name: BASHAM, BOB  
Address: 3001 N ROCKY POINT DR E, STE380  
City-St-Zip: TAMPA, FL 33607

Title: TREA ( ) Delete  
Name: MONTELEONE, RAY  
Address: 3001 N ROCKY POINT DR E, STE380  
City-St-Zip: TAMPA, FL 33607

Title: SV ( ) Delete  
Name: TRAVIESA, TREY  
Address: 3001 N ROCKY POINT DR E, STE380  
City-St-Zip: TAMPA, FL 33607

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: PHILLIP GARCIA

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

V.P.

01/19/2009

\_\_\_\_\_  
Date