
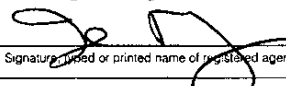
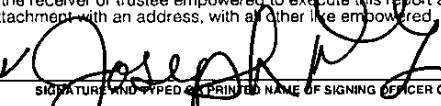
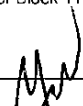


2005 FOR PROFIT CORPORATION REINSTATEMENT

DOCUMENT # P03000018182					
1. Entity Name ADVANCED SPINE CENTERS, INC.					
Principal Place of Business 1444 GULF TO BAY BLVD CLEARWATER, FL 33755			Mailing Address 1444 GULF TO BAY BLVD CLEARWATER, FL 33755 <i>FUTURE MANAGEMENT CORP</i> <i>PO Box 157</i> <i>Chilmsford MA 01824</i>		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		01272005 REIN-P CR2E098 (6/04)	
4. FEI Number 54-2114194				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent. <div style="display: flex; justify-content: space-between; align-items: center;"> <div style="width: 30%;"> SIGNATURE:  <small>Signature, typed or printed name of registered agent and title if applicable.</small> </div> <div style="width: 30%; text-align: center;"> Jeanine Reynolds as its agent </div> <div style="width: 30%; text-align: right;"> 2-15-05 <small>DATE</small> </div> </div>					
FILE NOW!!! FEE IS \$300.00			In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PTD GIAMPA, JOSEPH 1-1 RESIDE TERRACE WESTFORD, MA 01886 <i>PO Box 27</i> <i>EAST WAIPOLE MA</i> <i>02032</i>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify 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 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other live empowered.					
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			2-7-05 <small>Date</small>		
Daytime Phone #					

FILED

05 FEB 15 PM 2:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-16-04 98025 047 150



01272005 REIN-P CR2E098 (6/04)

4. FEI Number
54-2114194

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

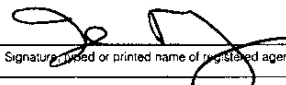
7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name
Street Address (P.O. Box Number is Not Acceptable)
City
FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Jeanine Reynolds
as its agent

SIGNATURE: 
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$300.00

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
PTD
GIAMPA, JOSEPH
1-1 RESIDE TERRACE
WESTFORD, MA 01886
PO Box 27
EAST WAIPOLE MA
02032

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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SIGNATURE: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**FUTURE MANAGEMENT CORPORATION
P O BOX 157
CHELMSFORD, MA 01824
978-250-0230**

February 7, 2005

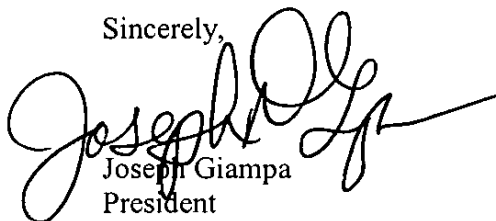
To Whom It May Concern:

We are requesting reinstatement of the following corporation:
Advanced Spine Centers, Inc.

The corporation was given an administrative dissolution for failing to file the annual report. Even though the report was timely filed, it was rejected due to missing information. We did not receive any correspondence. Therefore, we are requesting that the reinstatement penalty be disregarded. Attached is the pre-printed re-instatement form, corrected and completed 2004 annual report, and the completed 2005 annual report with a check for \$150 as required.

Please feel free to contact us if you need additional information concerning this matter.

Sincerely,



Joseph Giampa
President