

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P06000008589

FILED
May 10, 2007
Secretary of State

Entity Name: SPINAL HEALTH, P.A.

Current Principal Place of Business:

2016 REBECCA DR
CLEARWATER, FL 33764

New Principal Place of Business:

3360 EAST BAY DRIVE
LARGO, FL 33771

Current Mailing Address:

2016 REBECCA DR
CLEARWATER, FL 33764

New Mailing Address:

3360 EAST BAY DRIVE
LARGO, FL 33771

FEI Number: 20-4119449

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MICHAEL E. STEUER, CPA, P.A.
600 BYPASS DR, SUITE 112
CLEARWATER, FL 33764 US

Name and Address of New Registered Agent:

MICHAEL E. STEUER, CPA, P.A.
600 BYPASS DR, SUITE 100
CLEARWATER, FL 33764 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:

05/10/2007

Electronic Signature of Registered Agent

Date

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STANGANELLI, ANTHONY J
Address: 2016 REBECCA DR
City-St-Zip: CLEARWATER, FL 33764

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY STANGANELLI

P

05/10/2007

Electronic Signature of Signing Officer or Director

Date