

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000040359

**Entity Name:** GULFCOAST SPINE INSTITUTE, INC.

**Current Principal Place of Business:**

4211 W. BOY SCOUT ROAD  
SUITE 400  
TAMPA, FL 33607

**Current Mailing Address:**

4211 W. BOY SCOUT ROAD  
SUITE 400  
TAMPA, FL 33607 US

**FEI Number:** 32-0071549

**Certificate of Status Desired:** No

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

RONZO, JAMES J  
4211 W. BOY SCOUT ROAD  
SUITE 400  
TAMPA, FL 33607 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

**Officer/Director Detail :**

Title PD  
Name RONZO, JAMES J  
Address 4211 W. BOY SCOUT ROAD  
SUITE 400  
City-State-Zip: TAMPA FL 33607

Title T  
Name RONZO, ELIZABETH  
Address 4211 W. BOY SCOUT ROAD  
SUITE 400  
City-State-Zip: TAMPA FL 33607

Title VP  
Name BONO, FRANK S  
Address 4211 W. BOY SCOUT ROAD  
SUITE 400  
City-State-Zip: TAMPA FL 33607

Title S  
Name BONO, SUSAN  
Address 4211 W. BOY SCOUT ROAD  
SUITE 400  
City-State-Zip: TAMPA FL 33607

*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 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 all other like empowered.*

**SIGNATURE:** FRANK BONO

VP

03/08/2017

Electronic Signature of Signing Officer/Director Detail

Date