

2021 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	VPD
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 S. BONO

VP

04/26/2021

Electronic Signature of Signing Officer/Director Detail_____
Date