

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000040359

Entity Name: GULFCOAST SPINE INSTITUTE, PA

Current Principal Place of Business:

2300 E. NORVELL BRYANT HWY.
HERNANDO, FL 34442

Current Mailing Address:

P.O. BOX 1540
HERNANDO, FL 34442

FEI Number: 32-0071549

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RONZO, JAMES J
3614 N. PINE VALLEY LOOP
LECANTO, FL 34461 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 3614 N. PINE VALLEY LOOP
City-State-Zip: LECANTO FL 34461

Title VP
Name BONO, FRANK S
Address 2300 E. NORVELL BRYANT HWY
City-State-Zip: HERNANDO FL 34442

Title T
Name RONZO, ELIZABETH
Address 2300 E. NORVELL BRYANT HWY
City-State-Zip: HERNANDO FL 34442

Title S
Name BONO, SUSAN
Address 2300 E. NORVELL BRYANT HWY.
City-State-Zip: HERNANDO FL 34442

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: JAMES J RONZO

PD

01/14/2015

Electronic Signature of Signing Officer/Director Detail

Date