

**2014 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P09000024693

**Entity Name:** FORT LAUDERDALE SPINE AND REHAB CENTER, INC.

**Current Principal Place of Business:**

3524 NORTH POWERLINE ROAD  
POMPANO BEACH, FL 33069

**Current Mailing Address:**

3524 NORTH POWERLINE ROAD  
POMPANO BEACH, FL 33069 US

**FEI Number:** 26-4672722

**Certificate of Status Desired:** No

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

OHEARN, JAMES J  
2466 NE 17TH COURT  
JENSEN BEACH, FL 34957 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 P  
Name KIRSCHNER, RONALD D.C.  
Address 2310 N.W. 95TH TERRACE  
City-State-Zip: CORAL SPRINGS FL 33065

*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:** RONALD KIRSCHNER

**PRESIDENT**

**04/30/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date