

**2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P13000010964

**Entity Name:** THE ADVANCED SPINE & JOINT INSTITUTE, INC.

**Current Principal Place of Business:**

10233 OKEECHOBEE BLVD  
#B-6  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

10233 OKEECHOBEE BLVD  
#B-6  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 46-1977159

**Certificate of Status Desired:** Yes

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

MAMMALES, DEAN W  
2759 MISTY OAKS CIRCLE  
ROYAL PALM BEACH, FL 33411 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 MAMMALES, DEAN W  
Address 2759 MISTY OAKS CIRCLE  
City-State-Zip: ROYAL PALM BEACH FL 33441

Title D  
Name VALLADARES, NAVIJA  
Address 10233 OKEECHOBEE BLVD  
STE B-6  
City-State-Zip: ROYAL PALM BEACH FL 33411

*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:** DEAN W. MAMMALES

**PRESIDENT**

**01/08/2020**

Electronic Signature of Signing Officer/Director Detail

Date