

**2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P18000007206

**Entity Name:** SEASIDE SPINE & PAIN CENTER, P.A.

**Current Principal Place of Business:**

4863 PALM COAST PARKWAY NW  
UNIT 2  
PALM COAST, FL 32137

**Current Mailing Address:**

905 ALAMEDA LANE  
ST. JOHNS, FL 32259

**FEI Number:** 46-4251159

**Certificate of Status Desired:** No

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

LOPEZ, MANUEL E DR.  
905 ALAMEDA LANE  
ST. JOHNS, FL 32259 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 LOPEZ, MANUEL E DR.  
Address 905 ALAMEDA LANE  
City-State-Zip: ST. JOHNS FL 32259

*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:** MANUEL LOPEZ

**OWNER**

**06/13/2019**

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

\_\_\_\_\_  
Date