2019 FLORIDA PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 02, 2019
Secretary of State
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Entity Name: KEY WEST SPINE AND INJURY, INC.

Current Principal Place of Business:

1117 KEY PLAZA
KEY WEST, FL 33040

Current Mailing Address:

1117 KEY PLAZA
KEY WEST, FL 33040 US

FEI Number: 65-0795017

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NORMAN, MICHAEL A DR.
1117 KEY PLAZA
KEY WEST, FL 33040 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: MICHAEL A. NORMAN 03/02/2019

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	PRESIDENT	Title	SECRETARY
Name	NORMAN, MICHAEL A DR.	Name	NICKSIC, JACQUELINE M
Address	1117 KEY PLAZA	Address	1117 KEY PLAZA
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

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: MICHAEL NORMAN PRESIDENT 03/02/2019

Electronic Signature of Signing Officer/Director Detail — Date