

2016 FOREIGN PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F12000002467

Entity Name: SPINAL USA, INC.**Current Principal Place of Business:**5 SYLVAN WAY
SUITE 220
PARSIPPANY, NJ 07054**Current Mailing Address:**5 SYLVAN WAY
SUITE 220
PARSIPPANY, NJ 07054 US**FEI Number:** 80-0806978**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.
115 NORTH CALHOUN ST.
SUITE 4
TALLAHASSEE, FL 32301 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	CEO, DIRECTOR
Name	PASTENA, JAMES
Address	5 SYLVAN WAY SUITE 220
City-State-Zip:	PARSIPPANY NJ 07054

Title	PRESIDENT
Name	DICKERSON, RICHARD
Address	5 SYLVAN WAY SUITE 220
City-State-Zip:	PARSIPPANY NJ 07054

Title	CFO, TREASURER
Name	DAMBACH, PETER
Address	5 SYLVAN WAY SUITE 220
City-State-Zip:	PARSIPPANY NJ 07054

Title	SECRETARY
Name	BORTREE, TIMOTHY
Address	5 SYLVAN WAY SUITE 220
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	DIMUN, TONY
Address	5 SYLVAN WAY # 220
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	COOK, STEPHEN
Address	5 SYLVAN WAY # 220
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	AUST, GIL
Address	5 SYLVAN WAY # 220
City-State-Zip:	PARSIPPANY NJ 07054

Title	DIRECTOR
Name	KELLY, JEFF
Address	2200 ATLANTIC STREET
City-State-Zip:	STAMFORD CT 06902

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: PETER DAMBACH

CFO/TREASURER

04/26/2016

Electronic Signature of Signing Officer/Director Detail_____
Date