


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19, 1999 8:00 am
Secretary of State

02-19-1999 90088 031 ****61.25

0029610

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 744001					
1. Corporation Name SPINE RESEARCH CENTER, INC.					
Principal Place of Business 2601 S BAYSHORE DR STE 1600 MIAMI FL 33133			Mailing Address 2601 S BAYSHORE DR STE 1600 MIAMI FL 33133		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		08/21/1978	
22 City & State		27 City & State		4. FEI Number 59-1875635	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
ZEDER, JON W. 2601 S BAYSHORE DRIVE SUITE 1600 MIAMI FL 33133			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City FL 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
1.1 TITLE <input type="checkbox"/> DELETE					
1.2 NAME PDT ZEDER, JON W					
1.3 STREET ADDRESS 7810 S W 47TH AVE					
1.4 CITY-ST-ZIP MIAMI, FL 00000					
2.1 TITLE <input type="checkbox"/> DELETE					
2.2 NAME SD ROMANO BROWN, JOSIE					
2.3 STREET ADDRESS 1400 N.W. 12TH AVENUE					
2.4 CITY-ST-ZIP MIAMI FL					
3.1 TITLE <input type="checkbox"/> DELETE					
3.2 NAME D JACOBSON, JEAN					
3.3 STREET ADDRESS 1400 N.W. 12TH AVENUE					
3.4 CITY-ST-ZIP MIAMI FL					
4.1 TITLE <input type="checkbox"/> DELETE					
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE <input type="checkbox"/> DELETE					
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE <input type="checkbox"/> DELETE					
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

* 7 7 5 0 7 - 9 0 0 8 8 - 3 1 7 *



CR2E037 (11/98)

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:  **SIGNATURE REQUIRED**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/10/99 305 858-5555
Date Daytime Phone #