

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
May 04, 2006 08:00 AM
Secretary of State

DOCUMENT # 744001

1. Entity Name
SPINE RESEARCH CENTER, INC.



Principal Place of Business

**201 S BISCAYNE BLVD
34TH FLOOR, MIAMI CTR
MIAMI, FL 33131 US**

Mailing Address

**201 S BISCAYNE BLVD
34TH FLOOR, MIAMI CTR
MIAMI, FL 33131 US**



05032006 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number
59-1875635

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional
Fee Required

6. Name and Address of Current Registered Agent

**ZEDER, JON W.
201 S BISCAYNE BLVD
34TH FLOOR MIAMI CENTER
MIAMI, FL 33131**

**DO NOT WRITE
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE _____

**Filing Fee is \$61.25
Due by September 6, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**PDT
ZEDER, JON W
7810 S W 47TH AVE
MIAMI, FL 00000,**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**SD
ROMANO BROWN, JOSIE
1400 N.W. 12TH AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**D
JACOBSON, JEAN
1400 N.W. 12TH AVENUE
MIAMI, FL**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

1000000562528
05/19/06 80060-005 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28, 2006 **305-371-858**
Date Daytime Phone #