

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 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**

DO NOT WRITE IN THIS SPACE



04242007 No Chg-NP

CR2E037 (4/06)

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 May 1, 2007**

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PDT
NAME	ZEDER, JON W
STREET ADDRESS	7810 S W 47TH AVE
CITY-ST-ZIP	MIAMI, FL 00000
TITLE	SD
NAME	ROMANO BROWN, JOSIE
STREET ADDRESS	1400 N.W. 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	JACOBSON, JEAN
STREET ADDRESS	1400 N.W. 12TH AVENUE
CITY-ST-ZIP	MIAMI, FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U000000746790
05/16/07-80082-015 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

JON W. ZEDER

4/27/07

Date

Daytime Phone #