

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 16, 2001 8:00 am
Secretary of State

04-16-2001 90028 032 ****61.25

DOCUMENT # F00000003039

1. Entity Name

THE AMERICAN COLLEGE OF SPINE SURGERY, INC.

Principal Place of Business

P.O. BOX 7098
 JACKSONVILLE FL 32238

Mailing Address

P.O. BOX 7098
 JACKSONVILLE FL 32238

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

84-1493788

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**CALLAHAN, WANDA L
 1945 LANE AVE., SOUTH, #5
 JACKSONVILLE FL 32210**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

**\$5.00 May Be
 Added to Fees**

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

TITLE **PCV** ☐ Delete
 NAME **RAY, CHARLES D MD**
 STREET ADDRESS **125 ALEXANDER WALKER**
 CITY-ST-ZIP **WILLIAMSBURG VA 23185**

TITLE **VPVC** ☒ Delete
 NAME **DWYER, ANTHONY P MD**
 STREET ADDRESS **777 BANNOCK ST., MC0188**
 CITY-ST-ZIP **DENVER CO 80204**

TITLE **D** ☐ Delete
 NAME **DWYER, ANTHONY P MD**
 STREET ADDRESS **777 BANNOCK ST., MC0188**
 CITY-ST-ZIP **DENVER CO 80204**

TITLE **STD** ☐ Delete
 NAME **BREGA, KERRY MD**
 STREET ADDRESS **777 BANNOCK ST., DEPT. NS**
 CITY-ST-ZIP **DENVER CO**

TITLE **D** ☐ Delete
 NAME **CAUTHEN, JOSEPH C MD**
 STREET ADDRESS **6510 NW 9TH BLVD., SUITE 1**
 CITY-ST-ZIP **GAINESVILLE FL 32605**

TITLE **D** ☒ Delete
 NAME **HAIDER, THOMAS T MD**
 STREET ADDRESS **4240 TESQUESQUITE AVENUE**
 CITY-ST-ZIP **RIVERSIDE CA 92501**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PD** ☒ Change ☒ Addition
 NAME **Ray, Charles D., M.D.**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **M** ☐ Change ☒ Addition
 NAME **Wanda L. Callahan**
 STREET ADDRESS **1945 Lane Ave. So., #5**
 CITY-ST-ZIP **JACKSONVILLE FL 32210**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

12. 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 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

Wanda L. Callahan

1-11-01

Date

904-693-4778

Daytime Phone #

CR2E037 (10/00)