

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 01, 2002 8:00 am
Secretary of State

02-18-2002 90134 045 ****61.25

DOCUMENT # F00000003039

1. Entity Name

THE AMERICAN COLLEGE OF SPINE SURGERY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7098
 JACKSONVILLE FL 32238

P.O. BOX 7098
 JACKSONVILLE FL 32238

2. Principal Place of Business

3. Mailing Address

1945 Lane Avenue So.

P.O. Box 7098

Suite, Apt. #, etc.

Suite, Apt. #, etc.

#5

City & State

City & State

Jacksonville FL

Jacksonville FL

Zip

Country

Zip

Country

32238

USA



DO NOT WRITE IN THIS SPACE

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

7. Name and Address of New Registered Agent

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE D
 NAME J. Walt Simmons, MD
 STREET ADDRESS 8122 Oatpoint Dr., #1200
 CITY-ST-ZIP San Antonio, TX 78229 ☐ Change ☒ Addition

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

TITLE PD
 NAME Ray, Charles MD
 STREET ADDRESS 5758 George Washington Hwy
 CITY-ST-ZIP Yorktown, VA 23692 ☒ Change ☐ Addition

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

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

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

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

TITLE M
 NAME CALLAHAN, WANDA L
 STREET ADDRESS 1945 LANE AVE SO #5
 CITY-ST-ZIP JACKSONVILLE FL 32210 ☐ Delete

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

TITLE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP ☐ Delete

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

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 REQUIRED** *Wanda L. Callahan* **3-12-02 904-693-4778**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)