# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**
**Feb 24, 2005 8:00 am**
**Secretary of State**
01-26-2005 90026 022 ****61.25

DOCUMENT # F00000003039

1. Entity Name
THE AMERICAN COLLEGE OF SPINE SURGERY, INC.

66002609

| Principal Place of Business | Mailing Address |
|---|---|
| 1945 LANE AVENUE SOUTH<br>#5<br>JACKSONVILLE, FL 32238 | P.O. BOX 7098<br>JACKSONVILLE, FL 32238 US |

01112005 Chg-NP CR2E037 (10/03)

| 2. Principal Place of Business | | 3. Mailing Address | |
|---|---|---|---|
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

4. FEI Number 84-1493788 ☐ Applied Fo ☐ Not Applic

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 |
|---|---|
| CRYSTAL B. FAUCETT<br>1945 LANE AVE., SOUTH, #5<br>JACKSONVILLE, FL 32210 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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. I am familiar with, and ac the obligations of registered agent.

SIGNATURE Crystal B. Faucett Crystal B Faucett 01-11-05
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, 2005**

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

| 10. OFFICERS AND DIRECTORS | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>RAY, CHARLES MD<br>5758 GEORGE WASHINGTON HWY<br>YORKTOWN, VA 23692 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PD<br>Ray, Charles M.D.<br>4320 Via Presada<br>Santa Barbara, CA 93110 | ☑ Change ☐ Ad |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | STD<br>BREGA, KERRY MD<br>777 BANNOCK ST., DEPT. NS<br>DENVER, CO | ☑ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>B. McCord, David M.D.<br>337 21st Ave N<br>Nashville, TN 37215 | ☐ Change ☑ Ad |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | M<br>FAUCETT, CRYSTAL B<br>1945 LANE AVE. SO. #5<br>JACKSONVILLE, FL 32210 | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Ad |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Ad |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Ad |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Change ☐ Ad |

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 informati 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 direc 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 changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** Crystal B Faucett 2-22-05 904-693-4778
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #