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.

Principal Place of Business
1945 LANE AVENUE SOUTH
#5
JACKSONVILLE, FL 32238

Mailing Address
P.O. BOX 7098
JACKSONVILLE, FL 32238 US

66002609

01112005 Chg-NP CR2E037 (10/03)

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 F
Not Applic

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

6. Name and Address of Current Registered Agent
CRYSTAL B. FAUCETT
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. 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

TITLE	PD	☐ Delete
NAME	RAY, CHARLES MD	
STREET ADDRESS	5758 GEORGE WASHINGTON HWY	
CITY-ST-ZIP	YORKTOWN, VA 23692	
TITLE	STD	☑ Delete
NAME	BREGA, KERRY MD	
STREET ADDRESS	777 BANNOCK ST., DEPT. NS	
CITY-ST-ZIP	DENVER, CO	
TITLE	M	☐ Delete
NAME	FAUCETT, CRYSTAL B	
STREET ADDRESS	1945 LANE AVE. SO. #5	
CITY-ST-ZIP	JACKSONVILLE, FL 32210	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	☑ Change ☐ Ad
NAME	Ray, Charles M.D.	
STREET ADDRESS	4320 Via Presada	
CITY-ST-ZIP	Santa Barbara, CA 93110	
TITLE	D	☐ Change ☑ Ad
NAME	B. McCord, David M.D.	
STREET ADDRESS	337 21st Ave N	
CITY-ST-ZIP	Nashville, TN 37215	
TITLE		☐ Change ☐ Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Ad
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Ad
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 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 #