

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 24, 2003 8:00 am
Secretary of State

01-24-2003 90052 017 ****61.25

DOCUMENT # F00000003039

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



Principal Place of Business

1945 DANE AVENUE SOUTH
#5
JACKSONVILLE FL 32238

Mailing Address

P.O. BOX 7098
JACKSONVILLE FL 32238
US

20017934



☒ **CHECK HERE IF MAKING CHANGES**

2. Principal Place of Business

1945 Lane Ave So.

Suite, Apt. #, etc.

#5

3. Mailing Address

Suite, Apt. #, etc.

City & State

Jacksonville FL

City & State

Zip

32210

Country

USA

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

Crystal B. Faucett

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

1945 Lane Ave. So., #5

City

Jacksonville

FL

Zip Code

32210

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 **Crystal B. Faucett**

Exec. Dir.

1-22-03

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 Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	RAY, CHARLES D MD	
STREET ADDRESS	125 ALEXANDER WALKER	
CITY-ST-ZIP	WILLIAMSBURG VA 23185	
TITLE	PD	<input type="checkbox"/> Delete
NAME	RAY, CHARLES MD	
STREET ADDRESS	5758 GEORGE WASHINGTON HWY	
CITY-ST-ZIP	YORKTOWN VA 23692	
TITLE	STD	<input type="checkbox"/> Delete
NAME	BREGA, KERRY MD	
STREET ADDRESS	777 BANNOCK ST., DEPT. NS	
CITY-ST-ZIP	DENVER CO	
TITLE	M	<input checked="" type="checkbox"/> Delete
NAME	CALLAHAN, WANDA L	
STREET ADDRESS	1945 LANE AVE SO #5	
CITY-ST-ZIP	JACKSONVILLE FL 32210	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	M	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Crystal B. Faucett	
STREET ADDRESS	1945 Lane Ave. So., #5	
CITY-ST-ZIP	Jacksonville FL 32210	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 REQUIRED

1-22-03

904-693-4778

CR2E037 (10/02)