

F0000003081

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: American Board of Spine Surgery, Inc.
(Name of Corporation)

000003194240--2
-04/03/00--01145--003
*****78.75 *****78.75

Dear Sir or Madam:

000003194240--2
-05/31/00--01068--001
*****1061.25

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Wanda L. Callahan
(Name of Person)

American Board of Spine Surgery
(Firm/Company)

P.O. Box 7040 (1945 Lane Ave., So., #5)
(Address)

Jacksonville FL 32238
(City, State and Zip Code)

For further information concerning this matter, please call:

Wanda L. Callahan at (904) 695-1058
(Name of Person) Area Code & Daytime Telephone Number

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☒ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☐ \$87.50 Filing Fee, Certificate of Status & Certified Copy

FILED
00 MAY 31 PM 1:07
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

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FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 10, 2000

WANDA L. CALLAHAN
AMERICAN BOARD OF SPINE SURGERY
P.O. BOX 7040
JACKSONVILLE, FL 32238

SUBJECT: AMERICAN BOARD OF SPINE SURGERY, INC.
Ref. Number: W00000009468

We have received your document for AMERICAN BOARD OF SPINE SURGERY, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1061.25.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 000A00019586

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TALLAHASSEE, FLORIDA

**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:*

1. American Board of Spine Surgery, Inc.
(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. California 3. 33-0751630
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 2-13-97 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. 1-1-99
(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. P.O. Box 7040
Jacksonville FL 32238
(Current mailing address)

8. To provide training and certification to individuals in the area of Spine Surgery.
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. Name and street address of Florida registered agent:

Wanda L. Callahan
(Name)
P.O. Box 7040 (1945 Lane Ave. So., #5)
(Office address)
Jacksonville, Florida, 32238
(City) (Zip Code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Wanda L. Callahan
(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other

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official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Anthony P. Dwyer, M.D.

Address: 777 Bannock St. - MCO 188
Denver, CO 80204-4507

Vice Chairman: N/A

Address: _____

Director: See attached list

Address: _____

Director: _____

Address: _____

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: _____

Address: _____

Vice President: _____

Address: _____

Secretary: Joseph C. Cauthen, M.D.

Address: 6510 NW 9th Blvd., Suite 1, Gainesville FL 32605

Treasurer: Joseph C. Cauthen, M.D.

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Joseph C. Cauthen M.D. Secy/Treasurer
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Joseph C. Cauthen, M.D., Secretary-Treasurer
(Typed or printed name and capacity of person signing application)

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TALLAHASSEE, FLORIDA

American Board of Spine Surgery - Board of Directors
a/o February 28, 2000

Charles Burton, M.D. (00)
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Orthopaedic Surgery, A-61
47 New Scotland Avenue
Albany, NY 12208
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518-262-5400 (fax)
bartonsachs@ccgateway.amc.edu

Arthur H. White, M.D. (02)
1850 Sullivan Avenue, Suite 200
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(650)985-7585 (fax)
ahwhite@ix.netcom.com

Advisors

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Prof & Chairman of Ortho Surgery.
Univ of Krite, Med School Iraklion
Kriti 71110 Greece
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Glenn W. Merrick, Esq.
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Executive Director:
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P. O. Box 7040
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904-695-1058 phone
904-786-9939 fax
WLCalla@aol.com

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00 MAY 31 PM 1:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of California

SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, **BILL JONES**, Secretary of State of the State of California, hereby certify:

That on the 13th day of February, 19 97,

AMERICAN BOARD OF SPINE SURGERY

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.

IN WITNESS WHEREOF, I execute this
certificate and affix the Great Seal of
the State of California this day of
March 13, 2000



Bill Jones

Secretary of State