

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # F00000003081

1. Entity Name

AMERICAN BOARD OF SPINE SURGERY, INC.

Principal Place of Business

Mailing Address

P.O. BOX 7040  
JACKSONVILLE FL 32238

P.O. BOX 7040  
JACKSONVILLE FL 32238

2. Principal Place of Business

3. Mailing Address

1945 Lane Ave. So.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite #5

City & State

City & State

Jacksonville FL

Zip

Country

Zip

Country

32210

USA



DO NOT WRITE IN THIS SPACE

4. FEI Number

33-0751630

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 S  
#5  
JACKSONVILLE FL 32238

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

WANDA L. CALLAHAN  
1945 LANE AVE S  
#5  
JACKSONVILLE FL 32238

(Signature) Type 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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
CD  
DWYER, ANTHONY P MD  
777 BANNOCK ST MCO 188  
DENVER CO 80204-4507

☐ Delete

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

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

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
BURTON, CHARLES MD  
2800 CHICAGO AVE S  
MINNEAPOLIS MN 55407

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HOCHSCHULER, STEPHEN H MD  
6300 W PARKER RD  
PLANO TX 75093

☒ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
M  
Wanda L. Callahan  
1945 Lane Ave. So., Suite #5  
Jacksonville FL 32210  
☐ Change ☒ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
HAE-DONG, JHO MD  
200 LOTHROP ST SUITE B-400  
PITTSBURGH PA 15213

☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
D  
MCCUTCHEON, MICHAEL E  
700 LOMAS BLVD NE  
ALBUQUERQUE NM 87102

☐ 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:

Wanda L. Callahan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

904-695-1058

CR2E037 (9/01)

0080415