

**2004 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 22, 2004 8:00 am**  
**Secretary of State**

01-22-2004 90007 043 \*\*\*\*61.25

**DOCUMENT # F00000003081**

1. Entity Name  
**AMERICAN BOARD OF SPINE SURGERY, INC.**



Principal Place of Business  
**1945 LANE AVE SO  
STE 5  
JACKSONVILLE, FL 32210**

Mailing Address  
**P.O. BOX 7040  
JACKSONVILLE, FL 32238**

**44003508**



01122004 No Chg-NP CR2E037 (10/03)

**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**

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

**DO NOT WRITE  
IN THIS SPACE**

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

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, 2004**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DWYER, ANTHONY P MD 777 BANNOCK ST MCO 188 DENVER, CO 802044507
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAUTHEN, JOSEPH C MD 6510 NW 9TH BLVD SUITE 1 GAINESVILLE, FL 32605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BURTON, CHARLES MD 2800 CHICAGO AVE S MINNEAPOLIS, MN 55407
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L 1945 LANE AVE SO STE #5 JACKSONVILLE, FL 32210
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAE-DONG, JHO MD 420 EAST NORTH AVE., STE 312 PITTSBURGH, PA 152124746
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUTCHEON, MICHAEL E 201 CEDAR SE STE 6600 ALBUQUERQUE, NM 87106

**DO NOT WRITE  
IN THIS SPACE**

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*  
**Wanda L. Callahan**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-19-04**

Date

**904-695-1058**

Daytime Phone #