


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2005 8:00 am
Secretary of State

02-03-2005 90050 028 ****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		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 33-0751630	
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent CALLAHAN, WANDA L 1945 LANE AVE S #5 JACKSONVILLE, FL 32238				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DWYER, ANTHONY P MD <input checked="" type="checkbox"/> Delete 777 BANNOCK ST MCO 188 DENVER, CO 802044507				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAUTHEN, JOSEPH C MD <input type="checkbox"/> Delete 6510 NW 9TH BLVD SUITE 1 GAINESVILLE, FL 32605				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD BURTON, CHARLES MD <input checked="" type="checkbox"/> Delete 2800 CHICAGO AVE S MINNEAPOLIS, MN 55407				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L <input type="checkbox"/> Delete 1945 LANE AVE SO STE #5 JACKSONVILLE, FL 32210				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAE-DONG, JHO MD <input checked="" type="checkbox"/> Delete 420 EAST NORTH AVE., STE 312 PITTSBURGH, PA 152124746				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUTCHEON, MICHAEL E <input checked="" type="checkbox"/> Delete 201 CEDAR SE STE 6600 ALBUQUERQUE, NM 87106				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
CD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Sachs, Barton L. M.D. STREET ADDRESS: 6300 W. Parker Rd. CITY-ST-ZIP: Plano, TX 75093					
VCD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Michael Zindrick, Michael R. MD STREET ADDRESS: 550 W. Ogden Ave. CITY-ST-ZIP: Hinsdale, IL 60521					
SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition NAME: Davis, Reginald J. M.D. STREET ADDRESS: 6569 N. Charles St., Ste 403 CITY-ST-ZIP: Baltimore, MD 21204					
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: <i>Wanda L. Callahan</i> Wanda L. Callahan 1-26-05 904-695-1058 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

50010322



01202005 Chg-NP CR2E037 (10/03)

4. FEI Number 33-0751630 Applied For Not Applicable

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

FL Zip Code

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
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
DWYER, ANTHONY P MD
777 BANNOCK ST MCO 188
DENVER, CO 802044507 ☒ Delete

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
M
CALLAHAN, WANDA L
1945 LANE AVE SO STE #5
JACKSONVILLE, FL 32210 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAE-DONG, JHO MD
420 EAST NORTH AVE., STE 312
PITTSBURGH, PA 152124746 ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
MCCUTCHEON, MICHAEL E
201 CEDAR SE STE 6600
ALBUQUERQUE, NM 87106 ☒ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
CD
Sachs, Barton L. M.D.
6300 W. Parker Rd.
Plano, TX 75093 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VCD
Michael Zindrick, Michael R. MD
550 W. Ogden Ave.
Hinsdale, IL 60521 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
Davis, Reginald J. M.D.
6569 N. Charles St., Ste 403
Baltimore, MD 21204 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HAE-DONG, JHO MD
420 EAST NORTH AVE., STE 312
PITTSBURGH, PA 152124746 ☐ Change ☒ Addition

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MCCUTCHEON, MICHAEL E
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SIGNATURE: *Wanda L. Callahan* **Wanda L. Callahan** 1-26-05 904-695-1058
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #