


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 22, 2007 8:00 am**  
**Secretary of State**

01-22-2007 90080 019 \*\*\*\*61.25

<b>DOCUMENT # F00000003081</b> 1. Entity Name <b>AMERICAN BOARD OF SPINE SURGERY, INC.</b>					
Principal Place of Business <b>1945 LANE AVE SO STE 5 JACKSONVILLE, FL 32210</b>			Mailing Address <b>P.O. BOX 7040 JACKSONVILLE, FL 32238</b>		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
<b>6. Name and Address of Current Registered Agent</b>  <b>CALLAHAN, WANDA L 1945 LANE AVE S #5 JACKSONVILLE, FL 32238</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> <div style="float: right;">DATE _____</div>					
<b>Filing Fee is \$61.25 Due by May 1, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<div style="text-align: right;"><b>Make check payable to Florida Department of State</b></div>					
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD JOHNSON, ROBERT G MD <input type="checkbox"/> Delete 4410 MEDICAL DR, STE 610 SAN ANTONIO, TX 782296306		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WATTERS, WILLIAM C III, MD <input type="checkbox"/> Delete 6624 FANNIN ST, STE 2600 HOUSTON, TX 770302312		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD JOHNSON, DONALD R MD <input checked="" type="checkbox"/> Delete 900 BOWMAN RD, STE 300 MOUNT PLEASANT, SC 29464		TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Graham Smith, Arnold MD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 14546 St. Augustine Rd. #403 Jacksonville, FL 32258	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD REYNOLDS, JAMES B <input type="checkbox"/> Delete 1850 SULLIVAN AVE, STE 200 DALY CITY, CA 941052221		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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.					
<b>SIGNATURE:</b> <i>Wanda L Callahan</i> <b>Wanda L. Callahan</b> 1-18-07 904-695-1058 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					