

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 28, 2003 8:00 am
Secretary of State

02-28-2003 90147 018 ****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**

60013783



☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **33-0751630**

Applied For

Not Applicable

Zip

Country

Zip

Country

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

32210

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

FILE NOW: FEE IS \$61.25

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

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	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD CAUTHEN, JOSEPH C MD 6510 NW 9TH BLVD SUITE 1 GAINESVILLE FL 32605	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURTON, CHARLES MD 2800 CHICAGO AVE S MINNEAPOLIS MN 55407	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	M CALLAHAN, WANDA L 1945 LANE AVE SO STE #5 JACKSONVILLE FL 32210	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HAE-DONG, JHO MD 200 LOTHROP ST SUITE B-400 PITTSBURGH PA 15213	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MCCUTCHEON, MICHAEL E 700 LOMAS BLVD NE ALBUQUERQUE NM 87102	<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD Cauthen, Joseph C MD 6510 NW 9th Blvd Suite 1 Gainesville, FL 32605	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD Burton, Charles MD 2800 Chicago Ave S Minneapolis, MN 55407	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jho, Hae-Dong, M.D. 420 East North Ave, Ste 312 Pittsburgh, PA 15212-4746	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D McCutcheon, Michael E 201 Cedar SE Ste 6600 Albuquerque, NM 87106	<input checked="" type="checkbox"/> Change <input type="checkbox"/> 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 **Wanda L. Callahan 2-26-03 904-695-1058**

CR2E037 (10/02)

Attachment

F00000003081

OFFICERS AND DIRECTORS Cont.

D ☐ Change ☒ Addition
Blumenthal, Scott L. M.D.
6300 W. Parker Road
Plano, TX 75093

D ☐ Change ☒ Addition
Cohen, Mitchell G. M.D.
17742 Beach Blvd., Suite 250
Huntington Beach, CA 92647

D ☐ Change ☒ Addition
Davis, Reginald J. M.D.
6569 N. Charles St., Suite 403
Baltimore, MD 21204

D ☐ Change ☒ Addition
GrahamSmith, Arnold M.D.
3627 University Blvd., South, #810
Jacksonville, FL 32216

DS ☐ Change ☒ Addition
Haider, Thomas T. M.D.
6276 River Crest Drive, Suite A
Riverside, CA 92507-0754

D ☐ Change ☒ Addition
Mooney, Vert M.D.
3444 Kearny Villa Rd, Suite 205
San Diego, CA 92123

D ☐ Change ☒ Addition
Sachs, Barton L. M.D.
6300 W. Parker Road
Plano, TX 75093

D ☐ Change ☒ Addition
Ray, R. Charles M.D.
1515 Martin Luther King Way
Tacoma, WA 98405

D ☐ Change ☒ Addition
White, Jon I. M.D.
16300 Sand Canyon, Suite 511
Irvine, CA 92618

D ☐ Change ☒ Addition
Zindrick, Michael R. M.D.
550 W. Ogden Avenue
Hinsdale, IL 60521