

F020900006172

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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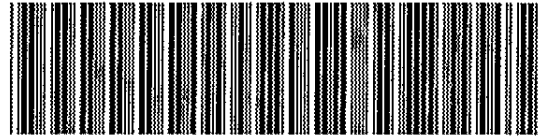
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12/12/02
1002-34022



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02 DEC 11 AM 11:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

December 4, 2002

SCOTT HAUF
100 COY BURGESS LOOP
DEFUNIAK SPRINGS, FL 32435

SUBJECT: MICROSPINE INC
Ref. Number: W02000034022

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TALLAHASSEE, FLORIDA

We have received your document for MICROSPINE INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 608.502(4), Florida Statutes, this office collects a civil penalty of \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification and the appropriate annual report/uniform business report fees that would have been due this office had the entity qualified the year it began operations in this state. The amount due this office to cover both annual report/uniform business report and penalty fees is \$1,150.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas
Document Specialist

Letter Number: 302A00064384

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MicroSpine, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Scott Haufe
(Name of Person)
MicroSpine, Inc.
(Firm/Company)
100 Coy Burgess Loop.
(Address)
DeFuniak Springs, FL 32435
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Angel Barber at (850) 892-6001
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

MicroSpine

THE LEADER IN MINIMALLY
INVASIVE SPINAL SURGERY



Anthony R. Mork, M.D.
Chief of Spinal Surgery
Board Certified in
Orthopedic Surgery

Scott M.W. Haufe, M.D.
Chief of Anesthesiology
and Pain Medicine
Board Certified in
Anesthesiology and
Pain Medicine

W.B. Yancey, M.D.
Chief of Medical Services

December 12, 2002

Personal and Confidential

Division of Corporations
409 East Gaines Street
Tallahassee, FL 32399

Attn: Marcia Thomas

Ms. Thomas:

Per our conversation we had erred with the start date on #6. Our start date has been changed to December 2002.

Your assistance has been greatly appreciated.

Thank you,

Angel Barber
Administrator

attachment

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TALLAHASSEE, FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. MicroSpine, Incorporated
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)
2. Nevada 3. 94-3385058
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. December 27, 2000 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. ~~January 1, 2001~~ December 2002
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 100 Coy Burgess loop, DeFuniak Springs, FL 32435
(Principal office address)
100 Coy Burgess loop, DeFuniak Springs, FL 32435
(Current mailing address)
8. Medical Services
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: SCOTT Haufe
Office Address: 100 Coy Burgess loop
DeFuniak Springs, Florida 32435
(City) (Zip code)

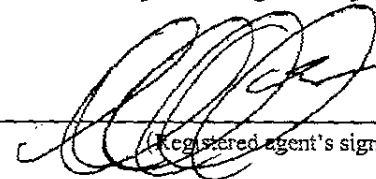
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10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Anthony R. Mork
Address: 100 Coy Burgess loop, DeFuniak Springs, FL 32433

Vice Chairman: Scott Haufe
Address: 100 Coy Burgess loop, DeFuniak Springs, FL 32433

Director: _____

Address: _____

Director: _____

Address: _____

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TALLAHASSEE, FLORIDA

B. OFFICERS

President: Anthony R. Mork
Address: 100 Coy Burgess loop, DeFuniak Springs, FL 32433

Vice President: Scott Haufe
Address: 100 Coy Burgess loop, DeFuniak Springs, FL 32433

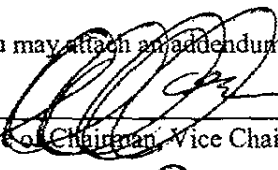
Secretary: _____

Address: _____

Treasurer: _____

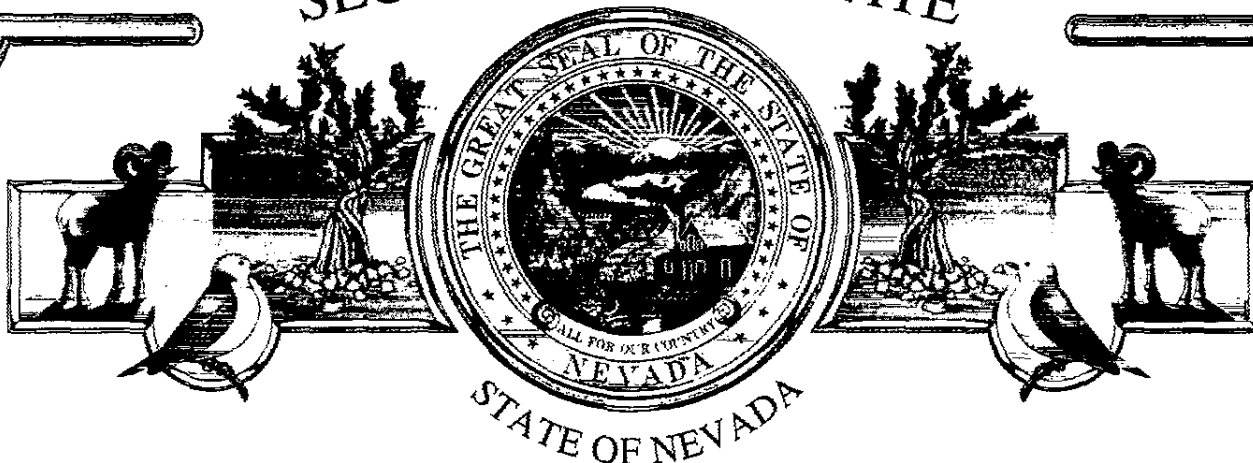
Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. 
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. SCOTT HAUFE, Vice Chairman
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **MICROSPINE, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since December 27, 2000, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand
and affixed the Great Seal of State, at my office, in
Carson City, Nevada, on November 25, 2002.



Dean Heller

DEAN HELLER
Secretary of State

By

Acqueline Wray
Certification Clerk