


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Sep 05, 2006 08:00 AM
Secretary of State

DOCUMENT # F05000004074 1. Entity Name SPINEOLOGY INC.	
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Principal Place of Business 7200 HUDSON BLVD., SUITE 205 ST. PAUL, MN 55128	Mailing Address 7200 HUDSON BLVD., SUITE 205 ST. PAUL, MN 55128
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DO NOT WRITE IN THIS SPACE



08292006 No Chg-P CR2E034 (11/05)

4. FEI Number 41-2020890	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION, FL 33324

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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$550.00
Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	PSD
NAME	BOOTH, JOHN J
STREET ADDRESS	7 RED PINE ROAD
CITY-ST-ZIP	NORTH OAKS, MN 55127
TITLE	D
NAME	KUSLICH, JOHN
STREET ADDRESS	814 E, CORAL GABLES DRIVE
CITY-ST-ZIP	PHOENIX, AZ 85022
TITLE	D
NAME	KING, THOMAS R
STREET ADDRESS	200 SOUTH SIXTH STREET #4000
CITY-ST-ZIP	MINNEAPOLIS, MN 554021425
TITLE	D
NAME	BOOTH, JOHN J
STREET ADDRESS	7 RED PINE ROAD
CITY-ST-ZIP	NORTH OAKS, MN 55127
TITLE	D
NAME	BRATTAIN, DONALD R
STREET ADDRESS	15600 WAYZATA BLVD., #101
CITY-ST-ZIP	WAYZATA, MN 55391
TITLE	D
NAME	CLEVELAND, DAVID E
STREET ADDRESS	W3195 SOHOLT ROAD
CITY-ST-ZIP	SAONA, WI 54870

U00000576109
09/05/06-80009-013 550.00

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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 607, 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: _____ *[Signature]* _____ Date: 8-31-06 Daytime Phone #: 651-256-8500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR