

2006 FOR PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # F05000004074

1. Entity Name
SPINEOLOGY INC.



Principal Place of Business
7200 HUDSON BLVD., SUITE 205
ST. PAUL, MN 55128

Mailing Address
7200 HUDSON BLVD., SUITE 205
ST. PAUL, MN 55128



08292006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
41-2020890

Applied For
Not Applicable

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

**DO NOT WRITE
IN THIS SPACE**

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 \$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 |

U000000576109
09/05/06-80009-013 550.00

**DO NOT WRITE
IN THIS SPACE**

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-31-06 651-256-8500

Date

Daytime Phone #