

F06000006460

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

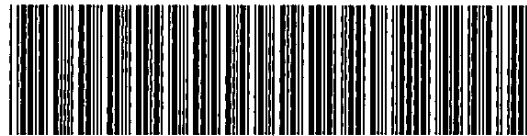
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/11/06

OCT 10, 2006

### COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** THE SPINEARTHOPLASTY SOCIETY, 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:

JEFFREY ASKEW ESQ.  
(Name of Person)

ASKEW + ASKEW, P.A.  
(Firm/Company)

P O Box 14656  
(Address)

NORTH PALM BEACH, FL, 33408-4656  
(City/State and Zip code)

For further information concerning this matter, please call:

JEFFREY ASKEW at ( 561 ) 775-6399  
(Name of Person) (Area Code & Daytime Telephone Number)

FAX 561-775-6199

**STREET/COURIER ADDRESS:**

New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

New Filing 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


**APPLICATION BY FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO  
CONDUCT ITS AFFAIRS IN FLORIDA**

IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO  
REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR AUTHORIZATION TO CONDUCT ITS AFFAIRS IN  
THE STATE OF FLORIDA:

1. THE SPINEARTHROPLASTY SOCIETY, INC.  
(Name of corporation: must include the word "INCORPORATED" or "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. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)
2. NEW YORK 3. 13-4177240  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. JUNE 19 2001 5. PERPETUAL  
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A  
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 505 PARK AVENUE 14TH FLOOR, NEW YORK, NY 10022  
(Principal office address)
- SAME  
(Current mailing address)
8. TO SERVE AS A CIVIC, CHARITABLE AND BENEVOLENT ORGANIZATION TO PROMOTE THE USE OF ARTHROPLASTY  
(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box **NOT** acceptable)  
Name: TINA HATCHER  
Office Address: 742 US HIGHWAY 1, SUITE 2  
NORTH PALM BEACH, Florida 33408  
(City) (Zip Code)

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CLERK OF THE COURT  
TALLAHASSEE, FLORIDA

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)  
**TINA HATCHER**

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.

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TALLAHASSEE, FLORIDA

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

A. DIRECTORS

Chairman: STEPHEN HOCHSCHULER, M.D.

Address: TEXAS BACK INSTITUTE  
6300 WEST PARKER ROAD, PLANO, TEXAS 75093

Vice Chairman: HANSEN YUAN, M.D.

Address: 550 HARRISON CENTER, SUITE 130  
SYRACUSE, NY 13202

Director: THOMAS J. ERRICO, M.D.

Address: NYU MEDICAL CENTER  
NEW YORK, NY 10003

Director: KARIN BUTTNER-JANZ, M.D., PH.D.

Address: BERLIN, GERMANY

B. OFFICERS

President: STEPHEN HOCHSCHULER, M.D.

Address: TEXAS BACK INSTITUTE, 6300 WEST  
PARKER ROAD, PLANO, TX 75093

Vice President: HANSEN YUAN, M.D.

Address: 550 HARRISON CENTER, SUITE 130  
SYRACUSE, NY 13202

Secretary: THOMAS J. ERRICO, M.D.

Address: NYU MEDICAL CENTER, NEW YORK, NY 10003

Treasurer: KARIN BUTTNER-JANZ, M.D., PH.D.

Address: BERLIN, GERMANY

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

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

14. HANSEN YUAN, M.D. VICE-PRESIDENT  
(Typed or printed name and capacity of person signing application)

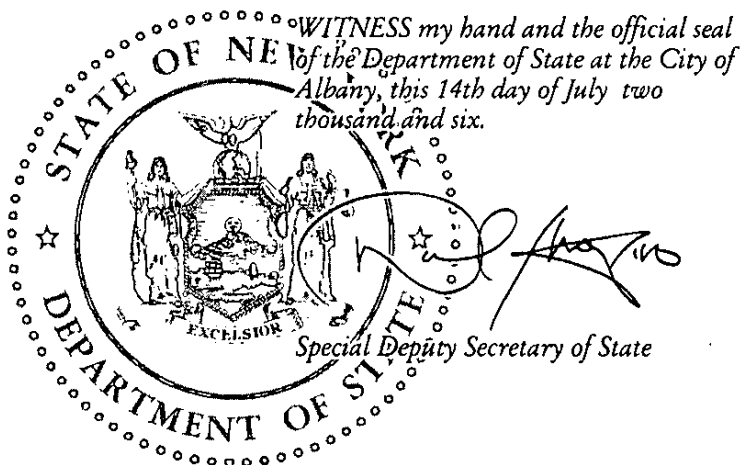
**State of New York  
Department of State } ss:**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I hereby certify, that the Certificate of Incorporation of THE SPINEARTHROPLASTY SOCIETY, INC. was filed on 06/19/2001, as a Not-for-Profit Corporation and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

I further certify, that no other documents have been filed by such Corporation.

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