2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2009
Secretary of State

DOCUMENT# F08000003422

Entity Name: PALM BEACH SPINE FOUNDATION INC

Current Principal Place of Business:

94 SATINWOOD LANE
PALM BEACH GARDENS, FL 33410

New Principal Place of Business:

Current Mailing Address:

94 SATINWOOD LANE
PALM BEACH GARDENS, FL 33410

New Mailing Address:

FEI Number: 36-4630319 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

REED, MICHAEL
600 HERITAGE DR SUITE 110
JUPITER, FL 33410 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	REED, CHELSEA	
Address:	94 SATINWOOD LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	P	( ) Delete
Name:	REED, MICHAEL L	
Address:	94 SATINWOOD LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33410	
Title:	VP	( ) Delete
Name:	SMITH, JOEL F	
Address:	4225 MAGNOLIA STREET	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	
Title:	S	( ) Delete
Name:	KOZLOSKI, CAROLE	
Address:	134 SE RIO CASSANARO	
City-St-Zip:	PORT ST LUCIE, FL 34984	
Title:	T	( ) Delete
Name:	LOWE, RICHARD	
Address:	108 EMERALD HWY LANE	
City-St-Zip:	PALM BEACH GARDENS, FL 33418	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHELSEA REED D 01/23/2009

Electronic Signature of Signing Officer or Director — Date