

# 2010 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005164

Entity Name: SPINAL DIMENSIONS, INC.

FILED  
Mar 31, 2010  
Secretary of State

**Current Principal Place of Business:**

514 OLD LOUDON RD  
COHOES, NY 12047

**New Principal Place of Business:**

300 GREAT OAKS BLVD.  
SUITE 315  
ALBANY, NY 12203

**Current Mailing Address:**

514 OLD LOUDON RD  
COHOES, NY 12047

**New Mailing Address:**

300 GREAT OAKS BLVD.  
SUITE 315  
ALBANY, NY 12203

FEI Number: 14-1765847

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

**Name and Address of Current Registered Agent:**

PARACORP INCORPORATED  
236 EAST 6TH AVENUE  
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: P  
Name: TEDESCO, FRANK JR.  
Address: 5166 WOODLAWN DR  
City-St-Zip: SCHENECTADY, NY 12303

Title: V  
Name: SACHER, RONALD  
Address: 31 VISTA DR  
City-St-Zip: SARATOGA SPRINGS, NY 12866

Title: S  
Name: LAPOINTE, JILL  
Address: 18 WINDSOR COURT  
City-St-Zip: SLINGERLANDS, NY 12159

Title: CEO  
Name: HENS, JAMES R  
Address: 256 ELM DRIVE  
City-St-Zip: EAST BERNE, NY 12059

I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAMES R HENS

CEO

03/31/2010

\_\_\_\_\_ Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date