

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**APPROVED
AND
FILED**

95 MAY -1 PM 2:18

DOCUMENT # L43258

(7)

1. Corporation Name

SPINE REHABILITATION ASSOCIATES, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**C/O WILLIAM A. BOYLES
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801**

Mailing Address

**C/O WILLIAM A. BOYLES
201 E. PINE STREET, SUITE 1200
ORLANDO FL 32801**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/11/1990

3a. Date of Last Report
05/01/1994

4. FEI Number
59-3013294

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under S. 197 (1)(2),
Florida Statutes. ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

State Apt. # etc.

State Apt. # etc.

City & State

City & State

Zip Country

Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOYLES, WILLIAM A.
201 E. PINE STREET
SUITE 1200
ORLANDO FL 32801**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept this appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(Signature of Registered Agent or Registered Agent in Charge)

(Signature of Registered Agent or Registered Agent in Charge)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

NAME	PD OSTOSKI, GARY 2405 GARDEN ST. #100 TITUSVILLE FL
NAME	VD ROJAS, JOSE E. 2405 GARDEN ST. #100 TITUSVILLE FL
NAME	SD GLENN, JAMES D. 2405 GARDEN ST. #100 TITUSVILLE FL
NAME	
NAME	
NAME	
NAME	
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NAME	Change ☐ Add ☐
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14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 197.02(4)(b), Florida Statutes. I further certify that this information was filed in this annual report or supplemental annual report as true and accurate and that my signature shall have the same legal effect and make under oath that I am an officer or director of the corporation or the registered agent of the corporation covered by this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 (if changed), as an official agent with an address.

SIGNATURE: Gary Ostonski
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

427 90

407-294324