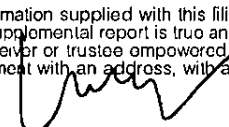


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 26, 2007 08:00 AM
Secretary of State

DOCUMENT # N00000000325 1. Entity Name HYNES FOUNDATION ORTHOPAEDIC AND SPINE INSTITUTE, INC.					
Principal Place of Business 205 E. NASA BLVD. SUITE 200 MELBOURNE FL 32901			Mailing Address 205 E. NASA BLVD. SUITE 200 MELBOURNE FL 32901		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc		3. Mailing Address Suite, Apt. #, etc			
City & State Zip Country		City & State Zip Country		4. FEI Number 59-3671451 Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required				1st MOORE CR2E037 (10/06)	
6. Name and Address of Current Registered Agent HYNES, RICHARD A M.D. 603 ATLANTIC ST. MELBOURNE BEACH FL 32951			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
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 _____ (NOTE: Registered Agent signature required when registering) DATE _____					
FILE NOW: FEE IS \$61.25 Due By May 1, 2007		9. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees		Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete HYNES, RICHARD A M.D. 603 ATLANTIC ST. MELBOURNE BEACH FL 32951	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition U000000735121 05/10/07-80020-025 61.25		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete BENNETT, LEW 1020 GULF BLVD. BELLEAIR SHORE FL 33786	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete WHITTAKER, KENNETH 1692 W. HIBISCUS BLVD. MELBOURNE FL 32901	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete O'BRIEN, JEFFREY T 650 S. COURTENAY PKWY. MERRITT ISLAND FL 32952	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete WILSON, RICHARD 610 JAMAICA BLVD. SATELLITE BEACH FL 32937	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D ☐ Delete BURKER, STEPHEN 538 WARRAGANSETT ST. NE PALM BAY FL 32905	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition		
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 617, 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:  Richard A Hynes MD 4/26/07					