

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000000325

FILED
Apr 21, 2009
Secretary of State

Entity Name: HYNES FOUNDATION ORTHOPAEDIC AND SPINE INSTITUTE, INC.

Current Principal Place of Business:

205 E. NASA BLVD.
SUITE 200
MELBOURNE, FL 32901

New Principal Place of Business:

2222 S HARBOR CITY BLVD
SUITE 610
MELBOURNE, FL 32901

Current Mailing Address:

205 E. NASA BLVD.
SUITE 200
MELBOURNE, FL 32901

New Mailing Address:

2200 FRONT ST
SUITE 200
MELBOURNE, FL 32901

FEI Number: 59-3671451

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HYNES, RICHARD A M.D.
603 ATLANTIC ST.
MELBOURNE BEACH, FL 32951 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: HYNES, RICHARD A M.D.
Address: 603 ATLANTIC ST.
City-St-Zip: MELBOURNE BEACH, FL 32951

Title: D () Delete
Name: BENNETT, LEW
Address: 1020 GULF BLVD.
City-St-Zip: BELLEAIR SHORE, FL 33786

Title: D () Delete
Name: WHITTAKER, KENNETH
Address: 1692 W. HIBISCUS BLVD.
City-St-Zip: MELBOURNE, FL 32901

Title: D (X) Delete
Name: O'BRIEN, JEFFREY T
Address: 650 S. COURTENAY PKWY.
City-St-Zip: MERRITT ISLAND, FL 32952

Title: D (X) Delete
Name: WILSON, RICHARD
Address: 610 JAMAICA BLVD.
City-St-Zip: SATELLITE BEACH, FL 32937

Title: D (X) Delete
Name: BURKER, STEPHEN
Address: 538 WARRAGANSETT ST. NE
City-St-Zip: PALM BAY, FL 32905

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: HYNES, DIANE L ESQ
Address: 603 ATLANTIC ST
City-St-Zip: MELBOURNE BEACH, FL 32951

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: RICHARD A HYNES

D

04/21/2009

Electronic Signature of Signing Officer or Director

Date