2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

9/11/2006-90005-004-$61.25-$61.25

FILED

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DOCUMENT # N05000006816

1. Entity Name
SISYPHEAN SPINAL SOCIETY, INC.

Principal Place of Business	Mailing Address
1015 MAITLAND CENTER COMMONS STE 106A MAITLAND, FL 32751	1015 MAITLAND CENTER COMMONS STE 106A MAITLAND, FL 32751

07312006 Chg-NP CR2E037 (4/06)

2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-4962116 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
PEARLMAN, GRAIG S 2 S ORANGE AVE 5TH FL ORLANDO, FL 32801	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 ____________________
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25 Due by September 6, 2006	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	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	RODGERS, WILLIAM BLAKE M.D.		NAME		
STREET ADDRESS	200 ST MARY'S MEDICAL PLZ STE 301		STREET ADDRESS		
CITY-ST-ZIP	JEFFERSON CITY, MO 65101		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	DAVIS, REGINALD M.D.		NAME		
STREET ADDRESS	6569 N CHARLES ST STE 403		STREET ADDRESS		
CITY-ST-ZIP	BALTIMORE, MD 21204		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	MONTESANO, PASQUALE X M.D.		NAME		
STREET ADDRESS	3800 J ST STE 220		STREET ADDRESS		
CITY-ST-ZIP	SACRAMENTO, CA 95816		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CASTELLVI, ANTONIO M.D.		NAME		
STREET ADDRESS	13020 TELCOM PKWY		STREET ADDRESS		
CITY-ST-ZIP	TAMPA, FL 33637		CITY-ST-ZIP		
TITLE	D	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WEBB, SCOTT A D.O.		NAME		
STREET ADDRESS	2250 DREW ST		STREET ADDRESS		
CITY-ST-ZIP	CLEARWATER, FL 33765		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: A.E. Castellvi MD 8/3/06 978-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #