2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 18, 2007 08:00 AM
Secretary of State

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

06012007 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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

PEARLMAN, GRAIG S
2 S ORANGE AVE 5TH FL
ORLANDO, FL 32801

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by September 14, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

U00000766361
06/18/07-80002-011 61.25

10. OFFICERS AND DIRECTORS

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

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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: _____ 4/6/07 813-876-6885
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #