

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

DO NOT WRITE IN THIS SPACE

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 reinstating) DATE _____

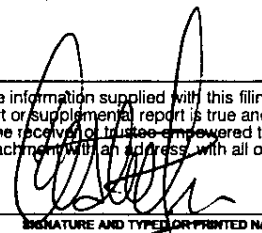
Filing Fee is \$61.25 Due by September 14, 2007	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	U000000766361 06/18/07-800002-011 61.25
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10. OFFICERS AND DIRECTORS

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