

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000007943

FILED
Mar 14, 2008
Secretary of State

Entity Name: NATIONAL SPINE FOUNDATION, INC.

Current Principal Place of Business:

5922 CATTLEMEN LANE SUITE 102
SARASOTA, FL 342326217 US

New Principal Place of Business:

Current Mailing Address:

5922 CATTLEMEN LANE SUITE 102
SARASOTA, FL 342326217 US

New Mailing Address:

FEI Number: 20-3265158

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BLALOCK, WALTERS, HELD & JOHNSON, P.A.
802 11TH STREET WEST
BRADENTON, FL 34205 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: DPST () Delete
Name: SWEENEY II, M.D., THOMAS M PHD.
Address: 5922 CATTLEMEN LANE SUITE 102
City-St-Zip: SARASOTA, FL 342326217 US

Title: D () Delete
Name: OWEN, JOHN
Address: 919 ROYER DRIVE
City-St-Zip: CHARLOTTESVILLE, VA 22908 US

Title: D () Delete
Name: GODMAN, HEIDI
Address: 1477 10TH STREET
City-St-Zip: SARASOTA, FL 34236 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DPST (X) Change () Addition
Name: SWEENEY II, M.D., THOMAS M PH.D.
Address: 5922 CATTLEMEN LANE SUITE 102
City-St-Zip: SARASOTA, FL 342326217 US

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: THOMAS M. SWEENEY II, M.D., PH.D.

DPST

03/14/2008

Electronic Signature of Signing Officer or Director

Date