2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 22, 2011
Secretary of State

DOCUMENT# N10000011573

Entity Name: NEUROSPINE INSTITUTE FOUNDATION, INC.

Current Principal Place of Business:

2706 REW CIRCLE, SUITE 100
OCOEE, FL 34786

New Principal Place of Business:

Current Mailing Address:

2706 REW CIRCLE, SUITE 100
OCOEE, FL 34786

New Mailing Address:

FEI Number: 27-4572990 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SHIRLEY, JONATHAN W ESQ
171 CIRCLE DR
MAITLAND, FL 32751 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
Name: MASSON, ROBERT M.D.
Address: 2706 REW CIRCLE, SUITE 100
City-St-Zip: OCOEE, FL 34786

Title: D
Name: MASSON, DENISE
Address: 2706 REW CIRCLE, SUITE 100
City-St-Zip: OCOEE, FL 34786

Title: D
Name: GOMEN, KRISTI
Address: 2806 WINDSOR HILL DR
City-St-Zip: WINDERMERE, FL 34786

I hereby 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 all other like empowered.

SIGNATURE: ROBERT L. MASSON, M.D. D 04/22/2011

Electronic Signature of Signing Officer or Director Date