

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N10000011573

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Entity Name:** NEUROSPINE INSTITUTE FOUNDATION, INC.

**Current Principal Place of Business:**

2706 REW CIRCLE, SUITE 100  
OCOE, FL 34786

**New Principal Place of Business:**

2706 REW CIRCLE, SUITE 100  
OCOE, FL 34761

**Current Mailing Address:**

2706 REW CIRCLE, SUITE 100  
OCOE, FL 34786

**New Mailing Address:**

**FEI Number:** 27-4572990

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**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:** OCOE, FL 34786

**Title:** D  
**Name:** MASSON, DENISE  
**Address:** 2706 REW CIRCLE, SUITE 100  
**City-St-Zip:** OCOE, 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:** DENISE MASSON

D

04/30/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date