

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 16, 2002 8:00 am
Secretary of State

04-03-2002 90040 007 ****61.25

DOCUMENT # N48574

1. Entity Name

SPINAL CORD GROUP OF S.W. FLORIDA, INC.

Principal Place of Business

Mailing Address

**3626 EVANS AVE
 FT MYERS FL 33901**

**3626 EVANS AVE
 FT MYERS FL 33901**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0332962

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

**MCLEAN, MARC
 1953 SE 36TH ST
 CAPE CORAL FL 33904**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**After September 13, 2002,
 min. will be \$236.25.**

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
 NAME **STAPLE, MARCIE**
 STREET ADDRESS **417 SW 43 LN**
 CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **D** ☐ Change ☒ Addition
 NAME **Dana Lamb**
 STREET ADDRESS **3626 Evans Ave**
 CITY-ST-ZIP **Ft. Myers, FL 33901**

TITLE **S** ☐ Delete
 NAME **BORREGO, DALILA Z**
 STREET ADDRESS **514 NE 24TH PLACE #2**
 CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE **D** ☐ Change ☐ Addition
 NAME **Borrego, Dalila Z**
 STREET ADDRESS **514 NE 24th Place #2**
 CITY-ST-ZIP **Cape Coral, FL 33909**

TITLE **D** ☐ Delete
 NAME **TURNER, LYN**
 STREET ADDRESS **114 SOUTGH RD**
 CITY-ST-ZIP **FT. MYERS BEACH FL 33907**

TITLE **T** ☒ Change ☐ Addition
 NAME **Turner, Lyn**
 STREET ADDRESS **114 South Rd.**
 CITY-ST-ZIP **Ft. Myers, FL 33907**

TITLE **VP** ☐ Delete
 NAME **MCGAHEE, ROSE**
 STREET ADDRESS **7576 CAMERON CIRCLE**
 CITY-ST-ZIP **FT MYERS FL 33912**

TITLE **VP** ☒ Change ☐ Addition
 NAME **McGahee, Rose**
 STREET ADDRESS **7576 Cameron Circle**
 CITY-ST-ZIP **Ft. Myers, FL 33912**

TITLE **D** ☐ Delete
 NAME **TABER, MARTI**
 STREET ADDRESS **3626 EVANS AVE**
 CITY-ST-ZIP **FT. MYERS FL 33901**

TITLE **D** ☐ Change ☐ Addition
 NAME **Taber, Marti**
 STREET ADDRESS **3626 Evans Ave**
 CITY-ST-ZIP **Ft. Myers, FL 33901**

TITLE **D** ☐ Delete
 NAME **GOLDWATER, SCOTT**
 STREET ADDRESS **213 SE 20 COURT**
 CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **S** ☒ Change ☐ Addition
 NAME **Goldwater, Scott**
 STREET ADDRESS **213 SE 20 court**
 CITY-ST-ZIP **Cape Coral, FL 33990**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE REQUIRED

9/12/02 (239) 936-1521

CR2E037 (4/02)

2002 UNIFORM BUSINESS REPORT (UBR)

Attachment 4/3/02-90040-007-\$61.25-\$61.25

DOCUMENT # **N48574**

1. Entity Name

SPINAL CORD GROUP OF S.W. FLORIDA, INC.

changed - see new document form

Lyn

99401

Principal Place of Business

3626 EVANS AVE
FT MYERS FL 33901

Mailing Address

3626 EVANS AVE
FT MYERS FL 33901

D

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0332962

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

MCLEAN, MARC
1953 SE 36TH ST
CAPE CORAL FL 33904

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/27/02

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **D** ☒ Delete
NAME **STAPLE, MARCIE**
STREET ADDRESS **417 SW 43 LN**
CITY-ST-ZIP **CAPE CORAL FL 33914**

TITLE **PR** ☐ Change ☒ Addition
NAME **McLean, Marc**
STREET ADDRESS **1953 SE 36th St.**
CITY-ST-ZIP **Cape Coral, FL 33904**

TITLE **S** ☐ Delete
NAME **BORREGO, DALILA Z**
STREET ADDRESS **514 NE 24TH PLACE #2**
CITY-ST-ZIP **CAPE CORAL FL 33909**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP **Fort Myers, FL 33907**

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STREET ADDRESS **7576 CAMERON CIRCLE**
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TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **GOLDWATER, SCOTT**
STREET ADDRESS **213 SE 20 COURT**
CITY-ST-ZIP **CAPE CORAL FL 33990**

TITLE **S** ☒ Change ☐ Addition
NAME **Scott Goldwater**
STREET ADDRESS **213 SE 20th Ct.**
CITY-ST-ZIP **Cape Coral, FL 33990**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

MARC MCLEAN President

3/27/02

941-549-8778

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)