

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48574

FILED
Jun 02, 2004
Secretary of State**Entity Name:** SPINAL CORD GROUP OF S.W. FLORIDA, INC.**Current Principal Place of Business:**3626 EVANS AVE
FT MYERS, FL 33901 US**New Principal Place of Business:****Current Mailing Address:**3626 EVANS AVE
FT MYERS, FL 33901 US**New Mailing Address:****FEI Number:** 65-0332962**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**TURNER, LYN
114 SOUTH ROAD
FORT MYERS, FL 33907 US**Name and Address of New Registered Agent:**STRAUB, SCOTT
3626 EAVANS AVE
FORT MYERS, FL 33901 US

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: SCOTT STRAUB

06/02/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: STRAUB, SCOT
Address: 3626 EVANS AVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: VP () Delete
Name: LAMB, DANA
Address: 3626 EVANS AVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: S () Delete
Name: TURNER, LYN
Address: 114 SOUTH RD
City-St-Zip: FORT MYERS, FL 33907 US

Title: T () Delete
Name: MCGAHEE, ROSE
Address: 7576 CAMERON CIRCLE
City-St-Zip: FT MYERS, FL 33912 US

Title: D () Delete
Name: MCLEAN, MARC
Address: 1953 SE 36TH STREET
City-St-Zip: CAPE CORAL, FL 33904 US

Title: D () Delete
Name: GOLDWATER, SCOTT
Address: 213 SE 20 COURT
City-St-Zip: CAPE CORAL, FL 33990 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change () Addition
Name: MCGAHEE, ROSE
Address: 7576 CAMERON CIRCLE
City-St-Zip: FORT MYERS, FL 33912 US

Title: S (X) Change () Addition
Name: CORY, LIANNE
Address: 9057 CYPRESS DRIVE N
City-St-Zip: FORT MYERS, FL 33912 US

Title: T (X) Change () Addition
Name: MATTINGLY, BILL
Address: 3626 EVANS AVE
City-St-Zip: FORT MYERS, FL 33901 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ALBERTSON, SUSAN
Address: 990 1ST AVENUE SOUTH
City-St-Zip: NAPLES, FL 34102 US

I hereby certify that the information supplied with this filing does not qualify for the 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 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: SCOTT STRAUB

P

06/02/2004

Electronic Signature of Signing Officer or Director

Date