

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48574

FILED
Jul 16, 2007
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:

2830 WINKLER AVE.
UNIT 201
FT MYERS, FL 339116 US

Current Mailing Address:

2830 WINKLER AVE.
UNIT 201
FT MYERS, FL 33916

New Mailing Address:

FEI Number: 65-0332962 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

TURNER, LYN M
114 SOUTH ROAD
FORT MYERS, FL 33907 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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VP () Delete
Name: LATRAVERSE, LISA
Address: 726 HOMER AVE. S.
City-St-Zip: LEHIGH ACRES, FL 33971 US

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

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

Title: D () Delete
Name: GOLDWATER, SCOTT
Address: 205 NW 9TH TERRACE
City-St-Zip: CAPE CORAL, FL 33993 US

Title: D () Delete
Name: SHIMKO, BOB
Address: 17529 LAUREL VALLEY ROAD
City-St-Zip: FORT MYERS, FL 33912 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change () Addition
Name: BROOKS, BERNARD
Address: 2830 WINKLER AVE #201
City-St-Zip: FORT MYERS, FL 33916 US

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

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

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: LYN M. TURNER

P

07/16/2007

Electronic Signature of Signing Officer or Director

Date