

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N48574

FILED
Apr 28, 2009
Secretary of State

Entity Name: SPINAL CORD GROUP OF S.W. FLORIDA, INC.

Current Principal Place of Business:

2321 BRUNER LN.
FT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

2321 BRUNER LN.
FT MYERS, FL 33912 US

New Mailing Address:

FEI Number: 65-0332962 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Title: VP () Delete
Name: BROOKS, BERNARD
Address: 2321 BRUNER LN.
City-St-Zip: FORT MYERS, FL 33912 US

Title: S () Delete
Name: GOLDWATER, SCOTT
Address: 2321 BRUNER LN.
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: GRANT, VON
Address: 2321 BRUNER LN.
City-St-Zip: FORT MYERS, FL 33912 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: () Change () Addition
Name:
Address:
City-St-Zip:

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

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City-St-Zip:

Title: () Change () Addition
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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

04/28/2009

Electronic Signature of Signing Officer or Director

Date