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NONPROFIT CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997 DOCUMENT #

N51138

(8)

FLORIDA FOUNDATION FOR RESEARCH IN SPINAL DISORD ERS, INC.

**FILED** Jun 11 1997 8:00am Secretary of State



	e of Business	Mailing Address				• • • • • • • • • • • • • • • • • • • •	*18.1 4.41. 81	
6830 NW 11TH PLACE STE. C. GAINESVILLE FL 32805		6830 NW 11TH PLACE STE. C. GAINESVILLE FL 32805-4234						
					3. Date Incorporated or Qualifie 09/29/1992	d 3a. Dat	e of Last R 5/01/199	Report <b>96</b>
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Ar	oplied For
6440	W Newberry Rd	26 6440 W	Newberry	Rd	59-3157537		No	ot Applicable
Suite, Apt.	•	Suite, Apt. #, et			5. Certificate of Status Desired			Additional equired
2 Suite City & State		City & State	<u> </u>		6. Election Campaign Financing	1	<del></del>	May Be
¬, '	sville, FL	28 Gainegu	ille,_FL_		Trust Fund Contribution	· 🗆		to Fees
Zip	Country	Zip	Count	ry	8. This corporation has liability	for intangible t		
32605	25 USA	29 32605	30 T	JSA	Florida Statutes	Yes [	] No	
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New	Registered A	gent	
			6	1 Name	Villiam R. Lane, Jr.			
LANE. W	ILLIAM R., JR.		- 8		Address (P.O. Box Number is Not Accept	stable)		
	ENNEDY BLVD.		٦	4	100 North Ashley Drive	) )		
SUITE 14			8	3				
TAMPA F			-		Suite 2300		1-21-5	
17 9711 7 1	- 0000-		8	4 City	lamma	FL	85 Zip	Code <b>3602</b>
11. Pursuant	to the provisions of Sections 617.0	502 and 617.1508. Florida	Statutes, the abo	ve-named o	ampa corporation submits this statement for the	e purpose of	changing (	ts registered
office or r	egistered agent, or both, in the Sta	te of Florida, Such change	was authorized	by the corp	oration's board of directors. I hereby ac	cept the appo	intment as	registered
-	in lamiliar with, and accept the op-	igations of, Section 617.05	Jo, Fiorida Statut	<b>es</b> .				
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SIGNATURE .	Signature, typed or printed name of registered a	gent and title if applicable	(NOTE: Registered A	oenl signature r	required when reinstaling)	DATE		
SIGNATURE .	Signature, typed or printed name of registered in OFFICERS A		(NOTE: Registered A	genl signature r	required when reinstaling)  ADDITIONS/CHANGES TO OF	DATE FICERS AND	DIRECTOR	RS IN 12
12.	OFFICERS A	gent and title if applicable ND DIRECTORS DELET	13.			FICERS AND		
12.	OFFICERS A	ND DIRECTORS	13.			FICERS AND	DIRECTOR	
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12. TITLE NAVE STREET ADDRESS CITY-\$7-2P TITLE	OFFICERS A  D SUTTERLIN, CHESTER E.III 6716 NW 11TH PLACE GAINESVILLE FL  D	ND DIRECTORS  DELET  DELET	13. 1.1 TITLE 1.2 NAM 1.3 STRE 1.4 CITY 1.2 TITLE 1.2 TITLE	E ET ADORESS - ST - ZIP	ADDITIONS/CHANGES TO OR 6440 W Newberry Road	Suite 4	Change	Additio
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Information Indicated on this annual report or supplemental annual 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 dissesses and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an indicess.