

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N51138 (8)
 1. Corporation Name
FLORIDA FOUNDATION FOR RESEARCH IN SPINAL DISORDERS, INC.



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| Principal Place of Business 6630 NW 11TH PLACE STE. C. GAINESVILLE FL 32605 | Mailing Address 6630 NW 11TH PLACE STE. C. GAINESVILLE FL 32605-4234 |
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|---|--|--|--|--|--|--|--|
| 2. Principal Place of Business 21 6440 W Newberry Rd Suite, Apt. #, etc. 22 Suite 410 City & State 23 Gainesville, FL Zip 24 32605 | | 2a. Mailing Address 26 6440 W Newberry Rd Suite, Apt. #, etc. 27 Suite 410 City & State 28 Gainesville, FL Zip 29 32605 | | 3. Date Incorporated or Qualified 09/29/1992 | | 3a. Date of Last Report 05/01/1996 | |
| | | | | 4. FEI Number 59-3157537 | | Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

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|--|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent LANE, WILLIAM R., JR. 501 E. KENNEDY BLVD. SUITE 1400 TAMPA FL 33602 | | | | 10. Name and Address of New Registered Agent 81 Name William R. Lane, Jr. 82 Street Address (P.O. Box Number is Not Acceptable) 400 North Ashley Drive 83 Suite 2300 84 City Tampa FL 85 Zip Code 33602 | | | |
|--|--|--|--|---|--|--|--|

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
|----------------------------|--------------------------|---------------------------------|--|---|--|--|--|
| TITLE | D | <input type="checkbox"/> DELETE | | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | SUTTERLIN, CHESTER E.III | | | 1.2 NAME | | | |
| STREET ADDRESS | 6716 NW 11TH PLACE | | | 1.3 STREET ADDRESS | 6440 W Newberry Road Suite 410 | | |
| CITY-ST-ZIP | GAINESVILLE FL | | | 1.4 CITY-ST-ZIP | Gainesville, FL 32605 | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | ZAHN-SUTTERLIN, COLLEEN | | | 2.2 NAME | | | |
| STREET ADDRESS | 7105 NW 18 AVE | | | 2.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | GAINESVILLE FL | | | 2.4 CITY-ST-ZIP | | | |
| TITLE | D | <input type="checkbox"/> DELETE | | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | MACMILLAN, MICHAEL | | | 3.2 NAME | | | |
| STREET ADDRESS | 6716 NW 11TH PLACE | | | 3.3 STREET ADDRESS | 6440 W Newberry Road Suite 410 | | |
| CITY-ST-ZIP | GAINESVILLE FL | | | 3.4 CITY-ST-ZIP | Gainesville, FL 32605 | | |
| TITLE | | <input type="checkbox"/> DELETE | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 4.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 5.4 CITY-ST-ZIP | | | |
| TITLE | | <input type="checkbox"/> DELETE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 6.4 CITY-ST-ZIP | | | |

14. I do 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 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (9/96)