

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90112 008 ****61.25

DOCUMENT # N51138

1. Corporation Name

FLORIDA FOUNDATION FOR RESEARCH IN SPINAL DISORDERS, INC.

Principal Place of Business

6440 W NEWBERRY RD
STE. 410
GAINESVILLE FL 32605
US

Mailing Address

6440 W NEWBERRY RD
STE. 410
GAINESVILLE FL 32605
US

3 999947 90112-8



2. Principal Place of Business

21 7120 NW 11th Place

2a. Mailing Address

26 7120 NW 11th Place

3. Date Incorporated or Qualified

09/29/1992

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

4. FEI Number

59-3157537

Applied For

Not Applicable

City & State

23 Gainesville, FL

City & State

28 Gainesville, FL

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

Zip

24 32605

Country

25 USA

Zip

29 32605

Country

30 USA

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

Trust Fund Contribution

9. Name and Address of Current Registered Agent

LANE, WILLIAM R JR
400 NORTH ASHLEY DR
STE. 2300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
Chester E. Sutterlin III, MD

82 Street Address (P.O. Box Number is Not Acceptable)

7120 NW 11th Place

83

84 City

Gainesville

FL

85 Zip Code

32605

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

C. E. Sutterlin III, MD (C.E. Sutterlin III, MD) 4/7/99

(NOTE: Registered Agent signature required when restating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SUTTERLIN, CHESTER E. III	
STREET ADDRESS	6440 W NEWBERRY RD, STE. 410	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZAHN-SUTTERLIN, COLLEEN	
STREET ADDRESS	7105 NW 18 AVE	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MACMILLAN, MICHAEL	
STREET ADDRESS	6440 W NEWBERRY RD, STE. 410	
CITY-ST-ZIP	GAINESVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	7120 NW 11th Place
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	D Richard C. Zahn
3.3 STREET ADDRESS	1033 Wideview
3.4 CITY-ST-ZIP	Tarpon Springs, FL 34689
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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, upon an attachment with an address, with all other like empowered.

SIGNATURE:

C. E. Sutterlin III, MD

4/7/99 (352)331-5888

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)