

# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000023515

FILED  
Jan 06, 2004  
Secretary of State

**Entity Name:** THE CENTER FOR SPINE MEDICINE, P.A.

**Current Principal Place of Business:**

2100 SE 17 ST., STE. #801  
OCALA, FL 34471

**New Principal Place of Business:**

**Current Mailing Address:**

2100 SE 17 ST., STE. #801  
OCALA, FL 34471

**New Mailing Address:**

**FEI Number:** 59-3630525

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GRUDEM, CHARLES M M.D.  
475 SW 48 LANE  
OCALA, FL 34474 US

**Name and Address of New Registered Agent:**

GRUDEM, CHARLES M M.D.  
2100 SE 17TH STREET, #801  
OCALA, FL 34471 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:** CHARLES M. GRUDEM, M.D.

01/06/2004

Electronic Signature of Registered Agent

Date

**Election Campaign Financing Trust Fund Contribution ( ).**

**OFFICERS AND DIRECTORS:**

**Title:** PO ( ) Delete  
**Name:** GRUDEM, CHARLES M M.D.  
**Address:** 475 SW 48 LANE  
**City-St-Zip:** OCALA, FL 34474

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

**Title:** PO (X) Change ( ) Addition  
**Name:** GRUDEM, CHARLES M M.D.  
**Address:** 2100 SE 17TH STREET, # 801  
**City-St-Zip:** OCALA, FL 34471

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** CHARLES M. GRUDEM

M.D.

01/06/2004

Electronic Signature of Signing Officer or Director

Date