

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 30, 2006 8:00 am
Secretary of State

05-30-2006 90039 019 ***150.00

DOCUMENT # P00000033557 1. Entity Name SPINAL CARE PLUS, P.A.					
Principal Place of Business 415 HARRISON AVENUE PANAMA CITY, FL 32401			Mailing Address 415 HARRISON AVENUE PANAMA CITY, FL 32401		
2. Principal Place of Business 714 EAST 4TH STREET Suite, Apt. #, etc.		3. Mailing Address 714 EAST 4TH STREET Suite, Apt. #, etc.			
City & State PANAMA CITY FL Zip 32401 Country		City & State PANAMA CITY FL Zip 32401 Country		05022006 Chg-P CR2E034 (11/05)	
4. FEI Number 59-3637108				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				6. Name and Address of Current Registered Agent COLVIN, MICHAEL L 415 HARRISON AVENUE PANAMA CITY, FL 32401	
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code				8. 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. I am familiar with, and accept the obligations of registered agent.	
SIGNATURE _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P COLVIN, MIKE DR. 415 HARRISON AVENUE PANAMA CITY, FL 32401 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	714 EAST 4TH STREET PANAMA CITY, FL 32401 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: <u><i>Dr. Michael L. Colvin</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date 5-26-06		Daytime Phone # (850) 784-7800