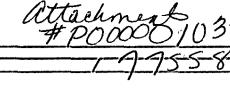
Daytime Phone #

2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

SIGNATURE AND TYPED OR

FILED Sep 18, 2001 8:00 am Secretary of State P00000103850 **DOCUMENT #** 1. Entity Name 09-18-2001 90003 019 ***150.00 LARGO, SPINE CENTER, INC. Principal Place of Business Mailing Address PO BOX 25368 PO BOX 25368 SARASOTA FL 34277 SARASOTA FL 34277 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KOMPOTHECRAS, GARY Street Address (P.O. Box Number is Not Acceptable) 738 EDGEMERE LAND SIESTA KEY FL 34242 Zip Code City FL 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$550.00 9. This corporation is eligible to satisfy its intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After September 12, 2001 Fee will be \$750.00 Added to Fees Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. ☐ Change TITLE ☐ Delete TITI F Addition KOMPOTHECRAS, GARY NAME NAME STREET ADDRESS 738 EDGEMERE LANE STREET ADDRESS SIESTA KEY FL 34242 CITY-ST-ZIP CITY-ST-ZIP Change | TITLE ☐ Delete TITLE Addition | NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. 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 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 vustee empowered/to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like impowered.





August 21, 2000

Department of State Division of Corporation P. O. Box 6327 Tallahassee, FL 32314

Attn: Tyron

Re: Uniform Business Reports

Dear Tyron:

Largo Spine Center, Inc. never received the first UBR notice to file. We request that the additional fee for late filing and payment be waived. The \$150.00 filing fee is enclosed.

Thank you

Dr. Gary Kompothecras

President