

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 31, 2002 8:00 am
Secretary of State

01-31-2002 90004 015 ***150.00

004696 AV

DOCUMENT # P00000104670

1. Entity Name

MICROSPINE, INCORPORATED

Principal Place of Business

**HEALTHMARK REGIONAL MEDICAL CENTER
 4413 US HIGHWAY 331 S.
 DEFUNIAK SPRINGS FL 32435**

Mailing Address

**HEALTHMARK REGIONAL MEDICAL CENTER
 4413 US HIGHWAY 331 S.
 DEFUNIAK SPRINGS FL 32435**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3680726

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HAUFE, SCOTT
 18101 #309 PEREGRINE'S PERCH
 LUTZ FL 33549**

Name

Haufe, Scott

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

**4413 U.S. Hwy
 331 South**

City

Defuniak Springs, FL

Zip Code

32435

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)

DATE

9. This corporation is eligible to satisfy its Intangible
 Tax filing requirement and elects to do so.
 (See criteria on back) ☐

**FILE NOW!!! FEE IS \$150.00
 After May 1, 2002 Fee will be \$550.00
 Make Check Payable to Department of State**

10. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE
 NAME **P** ☐ Delete
MARK, ANTHONY
 STREET ADDRESS
5005 JEWELL TERRACE
 CITY-ST-ZIP **PALM HARBOR FL 34685**

TITLE
 NAME **Mork, Anthony** ☒ Change ☐ Addition
4413 U.S. Hwy 331 South
 STREET ADDRESS
Defuniak Springs, FL 32435
 CITY-ST-ZIP

TITLE
 NAME **VTD** ☐ Delete
HAUFE, SCOTT M
 STREET ADDRESS
18101 # 309 PEREGRINE'S PERCH
 CITY-ST-ZIP **LUTZ FL 33549**

TITLE
 NAME **HAUFE, Scott** ☒ Change ☐ Addition
4413 U.S. Hwy 331 South
 STREET ADDRESS
Defuniak Springs, FL 32435
 CITY-ST-ZIP

TITLE
 NAME ☐ Delete
 STREET ADDRESS
 CITY-ST-ZIP

TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 CITY-ST-ZIP

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TITLE
 NAME ☐ Change ☐ Addition
 STREET ADDRESS
 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 trustee 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 empowered.

SIGNATURE:

SCOTT HAUFE
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**850-892-7492
 1-888-569-7119**

CR2E034 (9/01)