

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90186 020 ***158.75

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
100 Coy Burgess loop
Suite, Apt. #, etc.

3. Mailing Address
SAME as #2
Suite, Apt. #, etc.

City & State
Defuniak Springs, FL
Zip
32435
Country
U.S.A

City & State
Zip
Country

4. FEI Number
59-3680726

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**HAUFE, SCOTT
4413-US-HIGHWAY-331-S.
DEFUNIAK SPRINGS FL 32435**

7. Name and Address of New Registered Agent

Name
Scott Haufe
Street Address (P.O. Box Number is Not Acceptable)
66 Red Fish Circle
City
Santa Rosa Beach **FL** Zip Code
32459

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 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE
1-9-03

FILE NOW!!! FEE IS \$150.00
After May 1, 2003 Fee will be \$550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
P	MORK, ANTHONY	4413 US HIGHWAY 331 S.	DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/>
VTD	HAUFE, SCOTT M	4413 US HIGHWAY 331 S.	DEFUNIAK SPRINGS FL 32435	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

12. 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 10 or Block 11 if changed, or on an attachment with an address, with another like empowered.

SIGNATURE: REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-9-03 850-622-3062

CR2E034 (10/02)