

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P00000108929

FILED  
Apr 27, 2006  
Secretary of State

Entity Name: SPINE & ORTHOPEDIC CENTER, P.A.

## Current Principal Place of Business:

380 PARK PLACE BLVD.  
SUITE 150  
CLEARWATER, FL 33759

## New Principal Place of Business:

## Current Mailing Address:

380 PARK PLACE BLVD.  
SUITE 150  
CLEARWATER, FL 33759

## New Mailing Address:

FEI Number: 59-3683955

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RUGG, JOSEPH N.W.  
100 S ASHLEY DR, STE 1500  
TAMPA, FL 33602 US

## Name and Address of New Registered Agent:

GASSMAN, ALAN  
1245 COURT STREET  
SUITE 102  
CLEARWATER, FL 33756 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: ALAN GASSMAN

04/27/2006

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ( ).

## OFFICERS AND DIRECTORS:

Title: DPST ( ) Delete  
Name: MOSKOVITZ, GARY G M.D.  
Address: 1113 CULBREATH ISLE DRIVE  
City-St-Zip: TAMPA, FL 33629 US

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: GARY G. MOSKOVITZ

DPST

04/27/2006

Electronic Signature of Signing Officer or Director

Date