

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000004118

FILED
Mar 09, 2004
Secretary of State

Entity Name: SPINE SPECIALTY SEMINARS, INC.

Current Principal Place of Business:

389 HORIZON DRIVE
NORTH FORT MYERS, FL 33903 US

New Principal Place of Business:

Current Mailing Address:

389 HORIZON DRIVE
NORTH FORT MYERS, FL 33903 US

New Mailing Address:

FEI Number: 59-3690821

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KELLEY, DIANE E CPA
1549 COLONIAL DR.
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: AMBROSE, SUZANNE
Address: 389 HORIZON DR
City-St-Zip: NORTH FORT MYERS, FL 33903

Title: S () Delete
Name: AMBROSE, FRANKLIN
Address: 389 HORIZON DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33903

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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 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 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: FRANKLIN AMBROSE

SEC

03/09/2004

Electronic Signature of Signing Officer or Director

Date