2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2005
Secretary of State

DOCUMENT# P01000044366

Entity Name: TRI-COUNTY SPINE INJURY CENTER, INC.

Current Principal Place of Business:

3075 W OAKLAND BLVD
SUITE 201
OAKLAND PARK, FL 33311

New Principal Place of Business:

3075 WEST OAKLAND PARK BLVD
SUITE 201
OAKLAND PARK, FL 33311

Current Mailing Address:

3075 W OAKLAND BLVD
SUITE 201
OAKLAND PARK, FL 33311

New Mailing Address:

3075 WEST OAKLAND PARK BLVD
SUITE 201
OAKLAND PARK, FL 33311

FEI Number: 65-1098466 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES, FL 33134 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: JEAN, WISNER
Address: 10505 GALLERIA STREET
City-St-Zip: WELLINGTON, FL 33414

Title: VP ( ) Delete
Name: ALCIME, CLAUDIUS
Address: 2720 SOMERSET DR, W-217
City-St-Zip: LAUDERDALE LAKES, FL 33311

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: VP (X) Change ( ) Addition
Name: ALCIME, CLAUDIUS
Address: 10509 MARSH STREET
City-St-Zip: WELLINGTON, FL 33414

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: WISNER JEAN, DC P 01/05/2005

Electronic Signature of Signing Officer or Director Date