

2011 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000044366

FILED
Feb 09, 2011
Secretary of State

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

Current Principal Place of Business:

1640 WEST OAKLAND PARK BLVD
SUITE 200
OAKLAND PARK, FL 33311

New Principal Place of Business:

Current Mailing Address:

1640 WEST OAKLAND PARK BLVD
SUITE 200
OAKLAND PARK, FL 33311

New Mailing Address:

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

OFFICERS AND DIRECTORS:

Title: P
Name: JEAN, WISNER
Address: 10505 GALLERIA STREET
City-St-Zip: WELLINGTON, FL 33414

Title: VP
Name: ALCIME, CLAUDIUS
Address: 10509 MARSH STREET
City-St-Zip: WELLINGTON, FL 33414

I hereby 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 all other like empowered.

SIGNATURE: WISNER JEAN, DC

CEO

02/09/2011

Electronic Signature of Signing Officer or Director

Date