

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# P01000058022

FILED
Feb 17, 2003
Secretary of State

Entity Name: SPINE & SPORTSMEDICINE SPECIALISTS, PA

Current Principal Place of Business:

1601 US 90 WEST
LAKE CITY, FL 32055

New Principal Place of Business:

917 WEST DUVAL ST.
LAKE CITY, FL 32055

Current Mailing Address:

1601 US 90 WEST
LAKE CITY, FL 32055

New Mailing Address:

917 WEST DUVAL ST.
LAKE CITY, FL 32055

FEI Number: 59-3713070

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NORRIS, GUY W
201 NORTH MARION STREET STE 301
LAKE CITY, FL 32055 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: D () Delete
Name: LORD, MICHAEL J MD
Address: 1601 US 90 WEST
City-St-Zip: LAKE CITY, FL 32055

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: LORD, MICHAEL J MD
Address: 917 WEST DUVAL ST.
City-St-Zip: LAKE CITY, FL 32055

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: MICHAEL J. LORD, MD

D

02/17/2003

Electronic Signature of Signing Officer or Director

Date