


**2005 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 11, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # P02000023903</b>		
1. Entity Name SPINAL CONNECTION REHAB & WELLNESS CENTER, INC.		
Principal Place of Business 8411 BISCAYNE BLVD. MIAMI, FL 33138	Mailing Address 8411 BISCAYNE BLVD. MIAMI, FL 33138	
<b>DO NOT WRITE IN THIS SPACE</b>		
		07062005 No Chg-P CR2E034 (10/03)
4. FEI Number 27-0003103		Applied For Not Applicable
5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Name and Address of Current Registered Agent  FINANCIAL FOUNDATIONS, INC. 3150 SANDY RIDGE DR. CLEARWATER, FL 33761		<b>DO NOT WRITE IN THIS SPACE</b>
8. 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. I am familiar with, and accept the obligations of registered agent		
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 7, 2005</b>		9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
		In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LABROUSSE, LYNN DR. 8411 BISCAYNE BLVD. MIAMI, FL 33138	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		
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<b>DO NOT WRITE IN THIS SPACE</b>		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		7/6/05 305-757-5117