

# **2010 FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P02000033155

**FILED**  
**Apr 19, 2010**  
**Secretary of State**

**Entity Name:** SPINE DESIGN, INCORPORATED

**Current Principal Place of Business:**

101 MICROSPINE WAY  
DEFUNIAK SPRINGS, FL 32435

**New Principal Place of Business:**

302 OLDE POST ROAD  
NICEVILLE, FL 32578

**Current Mailing Address:**

101 MICROSPINE WAY  
DEFUNIAK SPRINGS, FL 32435

**New Mailing Address:**

302 OLDE POST ROAD  
NICEVILLE, FL 32578

**FEI Number:** 11-3672711

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HAUFE, SCOTT  
302 OLDE POST ROAD  
NICEVILLE, FL 32578 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  
Name: HAUFE, SCOTT  
Address: 302 OLDE POST ROAD  
City-St-Zip: NICEVILLE, FL 32578

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:** SCOTT HAUFE

PRES

04/19/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date