

**2004 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000054457

1. Entity Name
SPINE CENTER, INC.



**FILED
Jun 10, 2004 8:00 am
Secretary of State**

06-10-2004 90002 026 ***150.00

Principal Place of Business

C/O TURNER & ASSOCIATES, CPAS
ONE SOUTHEAST THIRD AVE., STE 1440
MIAMI, FL 33131

Mailing Address

C/O TURNER & ASSOCIATES, CPAS
ONE SOUTHEAST THIRD AVE., STE 1440
MIAMI, FL 33131

54057075

DO NOT WRITE IN THIS SPACE

01262004 No Chg-P CR2E034 (10/03)

4. FEI Number 58-2659778	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

ENRIQUE, STEPHEN C
C/O TURNER & ASSOCIATES, CPAS
ONE SOUTHEAST THIRD AVE., STE 1440
MIAMI, FL 33131

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IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing
Trust Fund Contribution: **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE PT
NAME HOSTYTLER, TODD
STREET ADDRESS ONE SE THIRD AVE., STE 1440
CITY-ST-ZIP MIAMI, FL 33131

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #